

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: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/23/2012 9:36 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/23/2012 Time: 9:36 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 04 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARY'S HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	206,233	24,476	0	0	1.00
2.00 Subprovider - IPF	0	59,516	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
12.20 OUTPATIENT PHYSICAL THERAPY I	0		0		0	12.20
200.00 Total	0	265,749	24,476	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140034		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/23/2012 9:35 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 400 NORTH PLEASANT AVENUE		PO Box:						1.00		
2.00	City: CENTRALIA		State: IL		Zip Code: 62801-		County: MARI ON		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital -Based Component Identification:											
3.00	Hospital		ST. MARY'S HOSPITAL	140034	99914	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF		ST. MARY'S PSYCH	14S034	99914	4	01/01/2002	N	P	P	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF						N	N	N		7.00
8.00	Swing Beds - NF						N		N		8.00
9.00	Hospital -Based SNF										9.00
10.00	Hospital -Based NF										10.00
11.00	Hospital -Based OLTC										11.00
12.00	Hospital -Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital -Based Hospice										14.00
15.00	Hospital -Based Health Clinic - RHC										15.00
16.00	Hospital -Based Health Clinic - FQHC										16.00
17.00	Hospital -Based (CMHC) 1										17.00
17.10	Hospital -Based (CORF) 1						N	N	N		17.10
17.20	Hospital -Based (OPT) 1		ST MARY'S WORK SAFETY INSTITUTE	146668	99914		03/08/2000	N	O	N	17.20
17.30	Hospital -Based (OOT) 1						N	N	N		17.30
17.40	Hospital -Based (OSP) 1						N	N	N		17.40
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2011	12/31/2011		20.00		
21.00	Type of Control (see instructions)					1			21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					2		N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.		4,294	150	0	0	0	0	0	24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.		0	0	0	0	0	0	0	25.00	
						Urban/Rural	S Date of Geogr				
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.					2				26.00	
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).					2				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0				35.00	

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	1				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.	01/01/2011	12/31/2011			38.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	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.					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. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000		64.00
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/23/2012 9:35 am	
			1.00	2.00	3.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.		N		80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.		N		86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
			Respiratory		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.		Y	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		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		Y		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.		1		118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		1,000,000	3,000,000	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		Y
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		N		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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			1.00	2.00					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y	269020			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: SSM HEALTHCARE		Contractor's Name: A		Contractor's Number: 1			141.00	
142.00	Street: 477 N LINDBERGH		PO Box:					142.00	
143.00	City: ST. LOUIS		State: MO		Zip Code: 63141			143.00	
							1.00		
144.00	Are provider based physicians' costs included in Worksheet A?						Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						N		145.00
			1.00	2.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N		149.00
			Part A		Part B				
			1.00	2.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital						N	N	155.00
156.00	Subprovider - IPF						N	N	156.00
157.00	Subprovider - IRF						N	N	157.00
158.00	SUBPROVIDER						N	N	158.00
159.00	SNF						N	N	159.00
160.00	HOME HEALTH AGENCY						N	N	160.00
161.00	CMHC							N	161.00
161.10	CORF							N	161.10
161.20	OUTPATIENT PHYSICAL THERAPY							N	161.20
161.30	OUTPATIENT OCCUPATIONAL THERAPY							N	161.30
161.40	OUTPATIENT SPEECH PATHOLOGY							N	161.40
							1.00		
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/23/2012 9:35 am
			1.00
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/23/2012 9:35 am
		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	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140034

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

Worksheet S-2
Part II
Date/Time Prepared:
5/23/2012 9:35 am

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		Y		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.		Y		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.		N		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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140034

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

Worksheet S-2
Part II
Date/Time Prepared:
5/23/2012 9:35 am

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140034

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	78	30,425	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)		78	30,425	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	8	4,188	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)		86	34,613	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	12	4,380			16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40					25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		98				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140034

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	14,129	2,994	20,175		1.00
2.00 HMO		98	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	14,129	2,994	20,175		7.00
8.00 INTENSIVE CARE UNIT	0	1,894	335	2,735		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		523	597		13.00
14.00 Total (see instructions)	0	16,023	3,852	23,507		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	739	880	2,701		16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0		25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		560	1,643		28.00
28.01 SUBPROVIDER - IPF				0		28.01
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				354		30.00
31.00 Employee discount days - IRF				11		31.00
32.00 Labor & delivery days (see instructions)			592	783		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140034

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	3,421	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	769.00	0.00	0	3,421	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	19.10	0.00	0	144	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00	0.00	0.00			25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00	0.00	0.00			25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00	0.00	0.00			25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	788.10	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140034

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,162	5,637		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)	1,162	5,637		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	227	684		16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY				25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY				25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY				25.40
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
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140034

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2012 9:35 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	36,792,368	0	36,792,368	1,648,932.00 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		207,676	0	207,676	2,198.00 3.00
4.00	Physician-Part A		304,318	0	304,318	2,087.00 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		53,323	0	53,323	446.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		1,505,914	54,977	1,560,891	70,399.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		594,607	0	594,607	10,650.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		130,422	0	130,422	1,437.00 13.00
14.00	Home office salaries & wage-related costs		4,445,467	0	4,445,467	85,356.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		15,672,045	0	15,672,045	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		674,693	0	674,693	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		93,045	0	93,045	
22.00	Physician Part A		29,992	0	29,992	
23.00	Physician Part B		5,271	0	5,271	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		0	0	0	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	429,602	0	429,602	16,878.00 26.00
27.00	Administrative & General	5.00	5,815,510	12,554	5,828,064	248,463.00 27.00
28.00	Administrative & General under contract (see inst.)		200,000	0	200,000	1,000.00 28.00
29.00	Maintenance & Repairs	6.00	747,537	-572,181	175,356	9,962.00 29.00
30.00	Operation of Plant	7.00	0	572,181	572,181	32,506.00 30.00
31.00	Laundry & Linen Service	8.00	128,909	0	128,909	11,452.00 31.00
32.00	Housekeeping	9.00	925,368	0	925,368	78,879.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	876,579	-573,813	302,766	21,110.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	573,813	573,813	45,076.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	607,715	0	607,715	20,753.00 38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00 39.00
40.00	Pharmacy	15.00	0	0	0	0.00 40.00
41.00	Medical Records & Medical Records Library	16.00	955,253	0	955,253	58,611.00 41.00
42.00	Social Service	17.00	295,243	0	295,243	13,737.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/23/2012 9:35 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	22.31	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	94.48	3.00
4.00	Physician-Part A	145.82	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	119.56	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	22.17	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	55.83	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	90.76	13.00
14.00	Home office salaries & wage-related costs	52.08	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	25.45	26.00
27.00	Administrative & General	23.46	27.00
28.00	Administrative & General under contract (see inst.)	200.00	28.00
29.00	Maintenance & Repairs	17.60	29.00
30.00	Operation of Plant	17.60	30.00
31.00	Laundry & Linen Service	11.26	31.00
32.00	Housekeeping	11.73	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	14.34	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	12.73	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	29.28	38.00
39.00	Central Services and Supply	0.00	39.00
40.00	Pharmacy	0.00	40.00
41.00	Medical Records & Medical Records Library	16.30	41.00
42.00	Social Service	21.49	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140034

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

Worksheet S-3
Part III
Date/Time Prepared:
5/23/2012 9:35 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	36,731,369	0	36,731,369	1,647,288.00	1.00
2.00	Excluded area salaries (see instructions)	1,505,914	54,977	1,560,891	70,399.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	35,225,455	-54,977	35,170,478	1,576,889.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,170,496	0	5,170,496	97,443.00	4.00
5.00	Subtotal wage-related costs (see inst.)	15,702,037	0	15,702,037	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	56,097,988	-54,977	56,043,011	1,674,332.00	6.00
7.00	Total overhead cost (see instructions)	10,981,716	12,554	10,994,270	558,427.00	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/23/2012 9:35 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	22.30	1.00
2.00	Excluded area salaries (see instructions)	22.17	2.00
3.00	Subtotal salaries (line 1 minus line 2)	22.30	3.00
4.00	Subtotal other wages & related costs (see inst.)	53.06	4.00
5.00	Subtotal wage-related costs (see inst.)	44.65	5.00
6.00	Total (sum of lines 3 thru 5)	33.47	6.00
7.00	Total overhead cost (see instructions)	19.69	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2012 9:35 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	295,731	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	717,148	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	11,137,263	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	241,167	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	99,850	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	8,085	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	126,644	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	480,648	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	2,347,669	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	15,202	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	202,638	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	15,672,045	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	114,426	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140034

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

Worksheet S-3
Part V
Date/Time Prepared:
5/23/2012 9:35 am

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	594,607	0	1.00
2.00	Hospital	594,607	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/23/2012 9:35 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.315434	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		10,492,425	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		51,179,971	6.00	
7.00	Medicaid cost (line 1 times line 6)		16,143,903	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)		5,651,478	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)		5,651,478	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	9,867,058	690,535	10,557,593	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,112,406	217,818	3,330,224	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,112,406	217,818	3,330,224	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		0	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,113,972	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		-1,113,972	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		-351,385	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		2,978,839	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,630,317	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140034

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

Worksheet A
Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		1,617,350	1,617,350	1,535,270	3,152,620	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		1,716,480	1,716,480	24,185	1,740,665	2.00
3.00 OTHER CAPITAL RELATED COSTS		74,941	74,941	-74,941	0	3.00
4.00 EMPLOYEE BENEFITS	429,602	15,986,756	16,416,358	0	16,416,358	4.00
5.00 ADMINISTRATIVE & GENERAL	5,815,510	23,319,750	29,135,260	-1,597,627	27,537,633	5.00
6.00 MAINTENANCE & REPAIRS	747,537	2,301,675	3,049,212	-2,200,756	848,456	6.00
6.01 BIOMEDICAL SERVICES	0	804,600	804,600	0	804,600	6.01
7.00 OPERATION OF PLANT	0	0	0	2,280,551	2,280,551	7.00
8.00 LAUNDRY & LINEN SERVICE	128,909	427,456	556,365	0	556,365	8.00
9.00 HOUSEKEEPING	925,368	212,392	1,137,760	-92,538	1,045,222	9.00
10.00 DIETARY	876,579	800,342	1,676,921	-1,168,641	508,280	10.00
11.00 CAFETERIA	0	0	0	1,168,641	1,168,641	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	607,715	25,711	633,426	0	633,426	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	955,253	239,669	1,194,922	-146	1,194,776	16.00
17.00 SOCIAL SERVICE	295,243	22,806	318,049	0	318,049	17.00
19.00 NONPHYSICIAN ANESTHETISTS	207,676	0	207,676	0	207,676	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,463,150	922,268	8,385,418	-1,032,285	7,353,133	30.00
31.00 INTENSIVE CARE UNIT	2,137,653	363,382	2,501,035	30,806	2,531,841	31.00
40.00 SUBPROVIDER - IPF	897,623	29,185	926,808	0	926,808	40.00
43.00 NURSERY	0	0	0	659,901	659,901	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,643,208	2,975,495	5,618,703	161,779	5,780,482	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	495,609	495,609	52.00
53.00 ANESTHESIOLOGY	0	2,070,952	2,070,952	0	2,070,952	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,512,391	1,200,399	2,712,790	-900	2,711,890	54.00
54.01 CARDIAC REHABILITATION	118,716	1,711	120,427	0	120,427	54.01
56.01 NUCLEAR MEDICINE	171,404	618,829	790,233	0	790,233	56.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	264,559	87,715	352,274	0	352,274	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	116,099	56,345	172,444	0	172,444	58.00
59.00 CARDIAC CATHETERIZATION	347,776	481,927	829,703	64,592	894,295	59.00
60.00 LABORATORY	1,522,907	1,883,898	3,406,805	-375	3,406,430	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	225,390	57,173	282,563	0	282,563	64.00
65.00 RESPIRATORY THERAPY	687,460	285,125	972,585	18,085	990,670	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0	79,873	79,873	65.98
66.00 PHYSICAL THERAPY	1,588,215	480,299	2,068,514	-282	2,068,232	66.00
68.00 SPEECH PATHOLOGY	68,901	5,489	74,390	0	74,390	68.00
69.00 ELECTROCARDIOLOGY	727,868	570,914	1,298,782	0	1,298,782	69.00
70.01 NEUROLOGY	298,963	345,078	644,041	0	644,041	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	157,523	168,548	326,071	-326,071	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	1,056,488	5,390,381	6,446,869	0	6,446,869	73.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	276,609	65,175	341,784	-79,873	261,911	90.00
90.01 DIABETES EDUCATION	31,798	409	32,207	0	32,207	90.01
90.02 PSYCH SERVICES	647,830	197,495	845,325	-394	844,931	90.02
90.04 ANTI COAGULATION CLINIC	96,068	752	96,820	0	96,820	90.04
91.00 EMERGENCY	2,136,086	2,495,055	4,631,141	0	4,631,141	91.00
91.01 RURAL HEALTH CLINICS	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	36,184,077	68,303,927	104,488,004	-55,537	104,432,467	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,831	13,047	44,878	0	44,878	190.00
193.05 OTHER NON-REIMBURSABLE	575,313	1,050,562	1,625,875	-73,925	1,551,950	193.05
193.06 OUTSIDE ACCOUNTING	1,147	20	1,167	0	1,167	193.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140034		Period: From 01/01/2011 To 12/31/2011		Worksheet A Date/Time Prepared: 5/23/2012 9:35 am	
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			
193.07 OUTSIDE PRINTING	0	0	0	129,462	129,462			193.07
193.08 FOUNDATION	0	0	0	0	0			193.08
200.00 TOTAL (SUM OF LINES 118-199)	36,792,368	69,367,556	106,159,924	0	106,159,924			200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140034

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

Worksheet A
Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	-1,165,886	1,986,734	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	903,881	2,644,546	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-6,180,032	10,236,326	4.00
5.00	ADMINISTRATIVE & GENERAL	-12,911,300	14,626,333	5.00
6.00	MAINTENANCE & REPAIRS	-10,242	838,214	6.00
6.01	BIOMEDICAL SERVICES	0	804,600	6.01
7.00	OPERATION OF PLANT	0	2,280,551	7.00
8.00	LAUNDRY & LINEN SERVICE	-1,200	555,165	8.00
9.00	HOUSEKEEPING	-708	1,044,514	9.00
10.00	DIETARY	-3,785	504,495	10.00
11.00	CAFETERIA	-373,407	795,234	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	-13,230	620,196	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	PHARMACY	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	-42,519	1,152,257	16.00
17.00	SOCIAL SERVICE	-494	317,555	17.00
19.00	NONPHYSICIAN ANESTHETISTS	-207,676	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-16,804	7,336,329	30.00
31.00	INTENSIVE CARE UNIT	-123	2,531,718	31.00
40.00	SUBPROVIDER - IPF	-10,894	915,914	40.00
43.00	NURSERY	-744	659,157	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-30,793	5,749,689	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	495,609	52.00
53.00	ANESTHESIOLOGY	-1,851,312	219,640	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-978,281	1,733,609	54.00
54.01	CARDIAC REHABILITATION	-11,584	108,843	54.01
56.01	NUCLEAR MEDICINE	-57,727	732,506	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	352,274	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	-270	172,174	58.00
59.00	CARDIAC CATHETERIZATION	-13,769	880,526	59.00
60.00	LABORATORY	-911	3,405,519	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	INTRAVENOUS THERAPY	0	282,563	64.00
65.00	RESPIRATORY THERAPY	-57,236	933,434	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	79,873	65.98
66.00	PHYSICAL THERAPY	-215,540	1,852,692	66.00
68.00	SPEECH PATHOLOGY	0	74,390	68.00
69.00	ELECTROCARDIOLOGY	-535,182	763,600	69.00
70.01	NEUROLOGY	-303,859	340,182	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	-58,225	6,388,644	73.00
76.97	CARDIAC REHABILITATION	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	-3,301	258,610	90.00
90.01	DIABETES EDUCATION	0	32,207	90.01
90.02	PSYCH SERVICES	-67,601	777,330	90.02
90.04	ANTI COAGULATION CLINIC	0	96,820	90.04
91.00	EMERGENCY	-1,960,566	2,670,575	91.00
91.01	RURAL HEALTH CLINICS	0	0	91.01
92.00	OBSERVATION BEDS	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-26,181,320	78,251,147	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	44,878	190.00
193.05	OTHER NON-REIMBURSABLE	64,626	1,616,576	193.05
193.06	OUTSIDE ACCOUNTING	0	1,167	193.06
193.07	OUTSIDE PRINTING	0	129,462	193.07
193.08	FOUNDATION	210,400	210,400	193.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet A Date/Time Prepared: 5/23/2012 9:35 am
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Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
	200.00 TOTAL (SUM OF LINES 118-199)	-25,906,294	80,253,630

RECLASSIFICATIONS

Provider CCN: 140034

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

Worksheet A-6
Date/Time Prepared:
5/23/2012 9:35 am

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
A - RECLASS FROM OB TO NURSERY						
1.00	NURSERY		43.00	574,462	83,899	1.00
	TOTALS			574,462	83,899	
B - RECLASS FROM OB TO DELIVERY ROOM						
1.00	DELIVERY ROOM & LABOR ROOM		52.00	432,450	63,159	1.00
	TOTALS			432,450	63,159	
C - RECLASS FROM DIETARY TO CAFETERIA						
1.00	CAFETERIA		11.00	573,813	594,828	1.00
	TOTALS			573,813	594,828	
D - RECLASS IV PUMP COST						
1.00	ADULTS & PEDIATRICS		30.00	0	121,685	1.00
2.00	INTENSIVE CARE UNIT		31.00	0	30,806	2.00
3.00	NURSERY		43.00	0	1,540	3.00
	TOTALS			0	154,031	
E - RECLASS MAILROOM COST						
1.00	ADMINISTRATIVE & GENERAL		5.00	11,020	0	1.00
	TOTALS			11,020	0	
F - RECLASS CENTRAL SERVICE COST						
1.00	ADMINISTRATIVE & GENERAL		5.00	56,511	0	1.00
2.00	OPERATING ROOM		50.00	61,194	114,496	2.00
3.00	RESPIRATORY THERAPY		65.00	6,299	11,786	3.00
4.00	CARDIAC CATHETERIZATION		59.00	22,498	42,094	4.00
	TOTALS			146,502	168,376	
G - RECLASS INTEREST & FINANCIN						
1.00	CAP REL COSTS-BLDG & FIXT		1.00	0	1,445,118	1.00
	TOTALS			0	1,445,118	
H - RECLASS PLANT OPERATIONS						
1.00	OPERATION OF PLANT		7.00	572,181	1,628,575	1.00
	TOTALS			572,181	1,628,575	
I - RECLASS O/S PRINTING TO NON-REIMBURS						
1.00	OUTSIDE PRINTING		193.07	54,977	74,485	1.00
	TOTALS			54,977	74,485	
J - RECLASS INVENTORY COST						
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS		71.00	0	139,947	1.00
	TOTALS			0	139,947	
K - RECLASS DOCUMENT SHREDDING						
1.00	ADMINISTRATIVE & GENERAL		5.00	0	91,493	1.00
	TOTALS			0	91,493	
L - RECLASS UTILITIES						
1.00	OPERATION OF PLANT		7.00	0	79,795	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
	TOTALS			0	79,795	
M - RECLASS REAL ESTATE TAXES						
1.00	CAP REL COSTS-BLDG & FIXT		1.00	0	39,396	1.00
2.00			0.00	0	0	2.00
	TOTALS			0	39,396	
N - RECLASS HYPERBARIC OXYGEN THERAPY						
1.00	HYPERBARIC OXYGEN THERAPY		65.98	61,034	18,839	1.00
	TOTALS			61,034	18,839	
O - RECLASS MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS		71.00	0	13,911	1.00
	TOTALS			0	13,911	
500.00	Grand Total: Increases			2,426,439	4,595,852	500.00

RECLASSIFICATIONS

Provider CCN: 140034

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

Worksheet A-6
Date/Time Prepared:
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		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - RECLASS FROM OB TO NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	574,462	83,899	0		1.00
	TOTALS		574,462	83,899			
B - RECLASS FROM OB TO DELIVERY ROOM							
1.00	ADULTS & PEDIATRICS	30.00	432,450	63,159	0		1.00
	TOTALS		432,450	63,159			
C - RECLASS FROM DIETARY TO CAFETERIA							
1.00	DIETARY	10.00	573,813	594,828	0		1.00
	TOTALS		573,813	594,828			
D - RECLASS IV PUMP COST							
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	121,685	0		1.00
2.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	30,806	0		2.00
3.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	1,540	0		3.00
	TOTALS		0	154,031			
E - RECLASS MAILROOM COST							
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	11,020	0	0		1.00
	TOTALS		11,020	0			
F - RECLASS CENTRAL SERVICE COST							
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	56,511	0	0		1.00
2.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	61,194	114,496	0		2.00
3.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	6,299	11,786	0		3.00
4.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	22,498	42,094	0		4.00
	TOTALS		146,502	168,376			
G - RECLASS INTEREST & FINANCIN							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,445,118	11		1.00
	TOTALS		0	1,445,118			
H - RECLASS PLANT OPERATIONS							
1.00	MAINTENANCE & REPAIRS	6.00	572,181	1,628,575	0		1.00
	TOTALS		572,181	1,628,575			
I - RECLASS O/S PRINTING TO NON-REIMBURS							
1.00	ADMINISTRATIVE & GENERAL	5.00	54,977	74,485	0		1.00
	TOTALS		54,977	74,485			
J - RECLASS INVENTORY COST							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	139,947	0		1.00
	TOTALS		0	139,947			
K - RECLASS DOCUMENT SHREDDING							
1.00	HOUSEKEEPING	9.00	0	91,493	0		1.00
	TOTALS		0	91,493			
L - RECLASS UTILITIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	38,764	0		1.00
2.00	HOUSEKEEPING	9.00	0	1,045	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	146	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	900	0		4.00
5.00	LABORATORY	60.00	0	375	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	282	0		6.00
7.00	PSYCH SERVICES	90.02	0	394	0		7.00
8.00	OTHER NON-REIMBURSABLE	193.05	0	37,889	0		8.00
	TOTALS		0	79,795			
M - RECLASS REAL ESTATE TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,360	13		1.00
2.00	OTHER NON-REIMBURSABLE	193.05	0	36,036	0		2.00
	TOTALS		0	39,396			
N - RECLASS HYPERBARIC OXYGEN THERAPY							
1.00	CLINIC	90.00	61,034	18,839	0		1.00
	TOTALS		61,034	18,839			
O - RECLASS MEDICAL SUPPLIES							
1.00	OPERATING ROOM	50.00	0	13,911	0		1.00
	TOTALS		0	13,911			
500.00	Grand Total: Decreases		2,426,439	4,595,852			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140034

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/23/2012 9:35 am

		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	1,259,000	0	0	0	0	1.00
2.00	Land Improvements	660,470	7,057	0	7,057	0	2.00
3.00	Buildings and Fixtures	22,946,161	3,761,030	0	3,761,030	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	10,255,801	4,379,551	0	4,379,551	391,871	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	35,121,432	8,147,638	0	8,147,638	391,871	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	35,121,432	8,147,638	0	8,147,638	391,871	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	1,617,350	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,716,480	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,333,830	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	29,892,718	0	29,892,718	0.677283	50,756	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,243,481	0	14,243,481	0.322717	24,185	2.00
3.00	Total (sum of lines 1-2)	44,136,199	0	44,136,199	1.000000	74,941	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140034

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,259,000	0		1.00	
2.00	Land Improvements	667,527	0		2.00	
3.00	Buildings and Fixtures	26,707,191	0		3.00	
4.00	Building Improvements	0	0		4.00	
5.00	Fixed Equipment	0	0		5.00	
6.00	Movable Equipment	14,243,481	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	42,877,199	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	42,877,199	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	1,617,350		1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,716,480		2.00	
3.00	Total (sum of lines 1-2)	0	3,333,830		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	50,756	451,464	0
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	24,185	2,620,361	0
3.00	Total (sum of lines 1-2)	0	0	74,941	3,071,825	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140034

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

Worksheet A-7
Parts I-III
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,445,118	50,756	39,396	0	1,986,734	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	24,185	0	0	2,644,546	2.00
3.00	Total (sum of lines 1-2)	1,445,118	74,941	39,396	0	4,631,280	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140034

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)		0		0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-10,392	ADMINISTRATIVE & GENERAL	5.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-12,370	ADMINISTRATIVE & GENERAL	5.00	7.00
8.00 Television and radio service (chapter 21)		0		0.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-6,031,626			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-13,917	RADIOLOGY-DIAGNOSTIC	54.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-6,916,107			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests	B	-365,089	CAFETERIA	11.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts	A	-42,499	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines	B	-8,318	CAFETERIA	11.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	158,201	CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	171,411	CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist		-207,676	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00 Physicians' assistant		0		0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00	32.00
33.00 MISC. REVENUE	B	-1,200	LAUNDRY & LINEN SERVICE	8.00	33.00
34.00 MISC. REVENUE	B	-79	ADMINISTRATIVE & GENERAL	5.00	34.00
35.00 MISC. REVENUE	B	-9,994	MAINTENANCE & REPAIRS	6.00	35.00
35.02 MISC. REVENUE	B	-220	HOUSEKEEPING	9.00	35.02
36.00 VENDI NG COMM ISSIONS	B	-3,512	DIETARY	10.00	36.00
38.00 BABY PHOTO INCOME	B	-744	NURSERY	43.00	38.00
39.00 MANAGEMENT FEES	B	-36,000	RADIOLOGY-DIAGNOSTIC	54.00	39.00
40.00 REIMBURSEMENT	B	-11,321	RADIOLOGY-DIAGNOSTIC	54.00	40.00
40.01 HEALTH FAIR	B	200	LABORATORY	60.00	40.01
41.00 REBATES	B	-46,561	DRUGS CHARGED TO PATIENTS	73.00	41.00
41.01 CLASS FEES	B	-5,903	RESPIRATORY THERAPY	65.00	41.01
42.00 MEDICAL RECORDS & MISC. INCOME	B	-34,664	PHYSICAL THERAPY	66.00	42.00
43.00 REFUND OF EXPENSES	B	-27,380	ELECTROCARDIOLOGY	69.00	43.00
44.00 OUTSIDE BILLI NG	B	-11,664	DRUGS CHARGED TO PATIENTS	73.00	44.00
45.00 MISC. REVENUE	B	-62	CLINIC	90.00	45.00
45.01 GIFTS, CONTRI BUTIONS & ENTERTAI	A	-23,563	EMPLOYEE BENEFITS	4.00	45.01
45.02 GIFTS, CONTRI BUTIONS & ENTERTAI	A	-186,323	ADMINISTRATIVE & GENERAL	5.00	45.02
45.03 GIFTS, CONTRI BUTIONS & ENTERTAI	A	-248	MAINTENANCE & REPAIRS	6.00	45.03
45.04 GIFTS, CONTRI BUTIONS & ENTERTAI	A	-488	HOUSEKEEPING	9.00	45.04
45.05 GIFTS, CONTRI BUTIONS & ENTERTAI	A	-273	DIETARY	10.00	45.05
45.06 GIFTS, CONTRI BUTIONS & ENTERTAI	A	-13,230	NURSING ADMINISTRATI ON	13.00	45.06
45.07 GIFTS, CONTRI BUTIONS & ENTERTAI	A	-20	MEDICAL RECORDS & LIBRARY	16.00	45.07

Provider CCN: 140034
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 Worksheet A-8
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
			3.00	4.00
45.08 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-494	SOCIAL SERVICE	17.00 45.08
45.09 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-1,725	ADULTS & PEDIATRICS	30.00 45.09
45.10 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-123	INTENSIVE CARE UNIT	31.00 45.10
45.11 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-11	SUBPROVIDER - IPF	40.00 45.11
45.12 AMORTIZATION OF GOODWILL	A	-140,151	CAP REL COSTS-MVBLE EQUIP	2.00 45.12
45.13 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-1,287	RADIOLOGY-DIAGNOSTIC	54.00 45.13
45.14 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-270	MAGNETIC RESONANCE IMAGING (MRI)	58.00 45.14
45.15 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-1,111	LABORATORY	60.00 45.15
45.17 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-362	PHYSICAL THERAPY	66.00 45.17
45.20 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-125	PSYCH SERVICES	90.02 45.20
45.21 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-205	EMERGENCY	91.00 45.21
45.25 PHYSICIAN RECRUITMENT	A	-141,629	ADMINISTRATIVE & GENERAL	5.00 45.25
45.26 OTHER FINANCE DEPT.	A	6,000	OTHER NON-REIMBURSABLE	193.05 45.26
45.27 UNFUNDED PENSION	A	-1,841,000	EMPLOYEE BENEFITS	4.00 45.27
45.28 OTHER FINANCE BENEFITS	A	2,400	EMPLOYEE BENEFITS	4.00 45.28
45.29 PATIENT TELEPHONE SERVICE	A	-308	CAP REL COSTS-MVBLE EQUIP	2.00 45.29
45.30 PATIENT TELEPHONE SERVICE BENEFIT	A	-5,084	EMPLOYEE BENEFITS	4.00 45.30
45.31 MEDICAL RECORDS BENEFITS	A	-14,286	EMPLOYEE BENEFITS	4.00 45.31
45.32 PROF LIAB INS DEDUCTIBLE RESERVE	A	-36,000	ADMINISTRATIVE & GENERAL	5.00 45.32
45.35 CANCER CENTER OFFSETS	A	9,570	OTHER NON-REIMBURSABLE	193.05 45.35
45.36 FOUNDATION EXPENSE OFFSETS	A	81,902	FOUNDATION	193.08 45.36
45.37 FOUNDATION SALARY OFFSETS	A	128,498	FOUNDATION	193.08 45.37
45.38 CRNA FEES	A	-3,489	ANESTHESIOLOGY	53.00 45.38
45.39 CRNA BENEFITS	A	-79,457	EMPLOYEE BENEFITS	4.00 45.39
45.40 WSI RENT EXPENSE	A	-49,056	PHYSICAL THERAPY	66.00 45.40
45.41 WIS RENT EXPENSE	A	49,056	OTHER NON-REIMBURSABLE	193.05 45.41
45.42 MD BILLING COST	B	-83,272	ADMINISTRATIVE & GENERAL	5.00 45.42
45.43 INTEREST EXP. UNNECESSARY BORROWING	A	-1,445,118	CAP REL COSTS-BLDG & FIXTURE	1.00 45.43
45.45 BAD DEBTS	A	-8,621,526	ADMINISTRATIVE & GENERAL	5.00 45.45
45.46 DUES RELATED TO LOBBYING EXP.	A	-26,000	ADMINISTRATIVE & GENERAL	5.00 45.46
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,906,294		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140034

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

Worksheet A-8

Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	9	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	MISC. REVENUE	0	33.00
34.00	MISC. REVENUE	0	34.00
35.00	MISC. REVENUE	0	35.00
35.02	MISC. REVENUE	0	35.02
36.00	VENDING COMMISSIONS	0	36.00
38.00	BABY PHOTO INCOME	0	38.00
39.00	MANAGEMENT FEES	0	39.00
40.00	REIMBURSEMENT	0	40.00
40.01	HEALTH FAIR	0	40.01
41.00	REBATES	0	41.00
41.01	CLASS FEES	0	41.01
42.00	MEDICAL RECORDS & MISC. INCOME	0	42.00
43.00	REFUND OF EXPENSES	0	43.00
44.00	OUTSIDE BILLING	0	44.00
45.00	MISC. REVENUE	0	45.00
45.01	GIFTS, CONTRIBUTIONS & ENTERTAINMENT	0	45.01
45.02	GIFTS, CONTRIBUTIONS & ENTERTAINMENT	0	45.02
45.03	GIFTS, CONTRIBUTIONS & ENTERTAINMENT	0	45.03
45.04	GIFTS, CONTRIBUTIONS & ENTERTAINMENT	0	45.04
45.05	GIFTS, CONTRIBUTIONS & ENTERTAINMENT	0	45.05
45.06	GIFTS, CONTRIBUTIONS & ENTERTAINMENT	0	45.06
45.07	GIFTS, CONTRIBUTIONS & ENTERTAINMENT	0	45.07
45.08	GIFTS, CONTRIBUTIONS & ENTERTAINMENT	0	45.08
45.09	GIFTS, CONTRIBUTIONS & ENTERTAINMENT	0	45.09
45.10	GIFTS, CONTRIBUTIONS & ENTERTAINMENT	0	45.10
45.11	GIFTS, CONTRIBUTIONS & ENTERTAINMENT	0	45.11
45.12	AMORTIZATION OF GOODWILL	9	45.12
45.13	GIFTS, CONTRIBUTIONS & ENTERTAINMENT	0	45.13

5/23/2012 9:35 am

ADJUSTMENTS TO EXPENSES

Provider CCN: 140034

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

Worksheet A-8

Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.14	GI FTS, CONTRI BUTIONS & ENTERTAI	0	45.14
45.15	GI FTS, CONTRI BUTIONS & ENTERTAI	0	45.15
45.17	GI FTS, CONTRI BUTIONS & ENTERTAI	0	45.17
45.20	GI FTS, CONTRI BUTIONS & ENTERTAI	0	45.20
45.21	GI FTS, CONTRI BUTIONS & ENTERTAI	0	45.21
45.25	PHYSICIAN RECRUITMENT	0	45.25
45.26	OTHER FINANCE DEPT.	0	45.26
45.27	UNFUNDED PENSION	0	45.27
45.28	OTHER FINANCE BENEFITS	9	45.28
45.29	PATI ENT TELEPHONE SERVICE	9	45.29
45.30	PATI ENT TELEPHONE SERVICE BENEF	0	45.30
45.31	MEDICAL RECORDS BENEFITS	0	45.31
45.32	PROF LIAB INS DEDUCTIBLE RESERV	0	45.32
45.35	CANCER CENTER OFFSETS	0	45.35
45.36	FOUNDATION EXPENSE OFFSETS	0	45.36
45.37	FOUNDATION SALARY OFFSETS	0	45.37
45.38	CRNA FEES	0	45.38
45.39	CRNA BENEFITS	0	45.39
45.40	WSI RENT EXPENSE	0	45.40
45.41	WIS RENT EXPENSE	0	45.41
45.42	MD BILLING COST	0	45.42
45.43	INTEREST EXP. UNNECESSARY BORRO	9	45.43
45.45	BAD DEBTS	0	45.45
45.46	DUES RELATED TO LOBBYING EXP.	0	45.46
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140034

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2012 9:35 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		5.00ADMINISTRATIVE & GENERAL	CORPORATE FEES	1.00
2.00		5.00ADMINISTRATIVE & GENERAL	SISTER SERVICES	2.00
3.00		5.00ADMINISTRATIVE & GENERAL	CORPORATE FEES	3.00
4.00		5.00ADMINISTRATIVE & GENERAL	DATA PROCESSING	4.00
4.01		1.00CAP REL COSTS-BLDG & FIXT	DEPRECIATION	4.01
4.02		2.00CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	4.02
4.03		4.00EMPLOYEE BENEFITS	FLEX BENEFITS	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

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

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

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

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

Provider CCN: 140034

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

Worksheet A-8-1

Date/Time Prepared: 5/23/2012 9:35 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	296,250	296,250	0	0		1.00
2.00	120,945	120,945	0	0		2.00
3.00	398,545	936,792	-538,247	0		3.00
4.00	2,334,476	5,487,254	-3,152,778	0		4.00
4.01	121,031	0	121,031	9		4.01
4.02	872,929	0	872,929	9		4.02
4.03	5,332,680	9,551,722	-4,219,042	0		4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	9,476,856	16,392,963	-6,916,107		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	MOTHERHOUSE	0.00	CONVENT	6.00
7.00	SSM	0.00	CORPORATE	7.00
8.00	FSI	0.00	CORPORATE	8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140034

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2012 9:35 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	187,270	44,140	1.00
2.00	30.00	ADULTS & PEDIATRICS	21,225	9,300	2.00
3.00	40.00	SUBPROVIDER - IPF	19,485	3,360	3.00
4.00	50.00	OPERATING ROOM	51,369	2,440	4.00
5.00	53.00	ANESTHESIOLOGY	1,873,029	1,815,867	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	934,064	908,876	6.00
7.00	54.01	CARDIAC REHABILITATION	17,576	1,392	7.00
8.00	56.01	NUCLEAR MEDICINE	57,727	57,727	8.00
9.00	60.00	LABORATORY	51,012	0	9.00
10.00	65.00	RESPIRATORY THERAPY	64,394	42,146	10.00
11.00	66.00	PHYSICAL THERAPY	134,224	126,565	11.00
12.00	69.00	ELECTROCARDIOLOGY	515,562	493,162	12.00
13.00	59.00	CARDIAC CATHETERIZATION	21,375	0	13.00
14.00	70.01	NEUROLOGY	312,925	298,395	14.00
15.00	90.00	CLINIC	10,000	0	15.00
16.00	90.02	PSYCH SERVICES	90,985	60,610	16.00
17.00	91.00	EMERGENCY	1,960,361	1,960,361	17.00
200.00			6,322,583	5,824,341	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140034

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2012 9:35 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	143,130	159,800	1,101	84,586	4,229	1.00
2.00	11,925	159,800	80	6,146	307	2.00
3.00	16,125	138,700	129	8,602	430	3.00
4.00	48,929	182,900	234	20,576	1,029	4.00
5.00	57,162	167,500	313	25,206	1,260	5.00
6.00	25,188	217,600	175	18,308	915	6.00
7.00	16,184	159,800	78	5,992	300	7.00
8.00	0	217,600	0	0	0	8.00
9.00	51,012	208,000	954	95,400	4,770	9.00
10.00	22,248	159,800	170	13,061	653	10.00
11.00	7,659	159,800	36	2,766	138	11.00
12.00	22,400	159,800	101	7,760	388	12.00
13.00	21,375	159,800	99	7,606	380	13.00
14.00	14,530	159,800	118	9,066	453	14.00
15.00	10,000	159,800	88	6,761	338	15.00
16.00	30,375	159,800	306	23,509	1,175	16.00
17.00	0	159,800	0	0	0	17.00
200.00	498,242		3,982	335,345	16,765	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140034

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2012 9:35 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	84,586	1.00
2.00	0	0	0	0	6,146	2.00
3.00	0	0	0	0	8,602	3.00
4.00	0	0	0	0	20,576	4.00
5.00	0	0	0	0	25,206	5.00
6.00	0	0	0	0	18,308	6.00
7.00	0	0	0	0	5,992	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	95,400	9.00
10.00	0	0	0	0	13,061	10.00
11.00	0	0	0	0	2,766	11.00
12.00	0	0	0	0	7,760	12.00
13.00	0	0	0	0	7,606	13.00
14.00	0	0	0	0	9,066	14.00
15.00	0	0	0	0	6,761	15.00
16.00	0	0	0	0	23,509	16.00
17.00	0	0	0	0	0	17.00
200.00	0	0	0	0	335,345	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140034

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2012 9:35 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	58,544	102,684	1.00
2.00	5,779	15,079	2.00
3.00	7,523	10,883	3.00
4.00	28,353	30,793	4.00
5.00	31,956	1,847,823	5.00
6.00	6,880	915,756	6.00
7.00	10,192	11,584	7.00
8.00	0	57,727	8.00
9.00	0	0	9.00
10.00	9,187	51,333	10.00
11.00	4,893	131,458	11.00
12.00	14,640	507,802	12.00
13.00	13,769	13,769	13.00
14.00	5,464	303,859	14.00
15.00	3,239	3,239	15.00
16.00	6,866	67,476	16.00
17.00	0	1,960,361	17.00
200.00	207,285	6,031,626	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140034

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

Worksheet B Part I Date/Time Prepared: 5/23/2012 9:35 am

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	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	1,986,734	1,986,734				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	2,644,546		2,644,546			2.00
4.00 EMPLOYEE BENEFITS	10,236,326	11,282	196	10,247,804		4.00
5.00 ADMINISTRATIVE & GENERAL	14,626,333	610,333	330,072	1,576,622	17,143,360	5.00
6.00 MAINTENANCE & REPAIRS	838,214	39,722	0	51,013	928,949	6.00
6.01 BIOMEDICAL SERVICES	804,600	4,892	0	0	809,492	6.01
7.00 OPERATION OF PLANT	2,280,551	102,240	103,697	166,454	2,652,942	7.00
8.00 LAUNDRY & LINEN SERVICE	555,165	34,586	14,637	37,501	641,889	8.00
9.00 HOUSEKEEPING	1,044,514	25,251	26,323	269,200	1,365,288	9.00
10.00 DIETARY	504,495	13,221	4,655	88,078	610,449	10.00
11.00 CAFETERIA	795,234	37,716	13,628	166,929	1,013,507	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	620,196	3,623	125,348	176,791	925,958	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,152,257	29,200	1,333	264,421	1,447,211	16.00
17.00 SOCIAL SERVICE	317,555	3,714	0	85,889	407,158	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,336,329	251,992	4,249	1,872,016	9,464,586	30.00
31.00 INTENSIVE CARE UNIT	2,531,718	26,265	84,807	621,867	3,264,657	31.00
40.00 SUBPROVIDER - I/PF	915,914	32,448	1,442	255,460	1,205,264	40.00
43.00 NURSERY	659,157	19,308	58,427	167,117	904,009	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	5,749,689	229,871	741,873	771,797	7,493,230	50.00
52.00 DELIVERY ROOM & LABOR ROOM	495,609	29,934	43,554	125,804	694,901	52.00
53.00 ANESTHESIOLOGY	219,640	1,884	89,232	0	310,756	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,733,609	60,747	358,710	439,971	2,593,037	54.00
54.01 CARDIAC REHABILITATION	108,843	0	0	29,423	138,266	54.01
56.01 NUCLEAR MEDICINE	732,506	4,276	227	49,863	786,872	56.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	352,274	3,175	39,073	76,963	471,485	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	172,174	1,848	10,796	33,774	218,592	58.00
59.00 CARDIAC CATHETERIZATION	880,526	20,015	46,245	101,499	1,048,285	59.00
60.00 LABORATORY	3,405,519	32,933	81,213	443,030	3,962,695	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	282,563	4,806	2,148	65,568	355,085	64.00
65.00 RESPIRATORY THERAPY	933,434	7,084	54,904	201,822	1,197,244	65.00
65.98 HYPERBARIC OXYGEN THERAPY	79,873	938	5,972	17,753	104,538	65.98
66.00 PHYSICAL THERAPY	1,852,692	21,564	23,366	461,835	2,359,457	66.00
68.00 SPEECH PATHOLOGY	74,390	3,275	3,467	20,044	101,176	68.00
69.00 ELECTROCARDIOLOGY	763,600	27,171	118,625	193,511	1,102,907	69.00
70.01 NEUROLOGY	340,182	9,987	26,568	83,357	460,094	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	6,388,644	13,081	87,815	307,344	6,796,884	73.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	258,610	1,381	5,972	0	265,963	90.00
90.01 DIABETES EDUCATION	32,207	290	0	9,250	41,747	90.01
90.02 PSYCH SERVICES	777,330	47,463	1,826	177,505	1,004,124	90.02
90.04 ANTI COAGULATION CLINIC	96,820	453	0	27,947	125,220	90.04
91.00 EMERGENCY	2,670,575	26,940	36,257	619,887	3,353,659	91.00
91.01 RURAL HEALTH CLINICS	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	78,251,147	1,794,909	2,546,657	10,057,307	77,770,936	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	44,878	1,486	0	9,260	55,624	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140034

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

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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	2.00	4.00	4A	
193.05 OTHER NON-REIMBURSABLE	1,616,576	189,687	84,791	153,977	2,045,031	193.05
193.06 OUTSIDE ACCOUNTING	1,167	0	0	2,079	3,246	193.06
193.07 OUTSIDE PRINTING	129,462	0	13,098	15,993	158,553	193.07
193.08 FOUNDATION	210,400	652	0	9,188	220,240	193.08
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)	80,253,630	1,986,734	2,644,546	10,247,804	80,253,630	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140034

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

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Part I
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.00	6.00	6.01	7.00	8.00	
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	17,143,360					5.00
6.00	MAINTENANCE & REPAIRS	252,341	1,181,290				6.00
6.01	BIOMEDICAL SERVICES	219,891	480	1,029,863			6.01
7.00	OPERATION OF PLANT	720,648	741,316	0	4,114,906		7.00
8.00	LAUNDRY & LINEN SERVICE	174,363	24,848	0	116,883	957,983	8.00
9.00	HOUSEKEEPING	370,868	3,358	0	85,336	57,654	9.00
10.00	DIETARY	165,823	12,136	0	45,630	2,340	10.00
11.00	CAFETERIA	275,310	35,545	0	127,460	6,852	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	251,528	8,107	52,910	20,083	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	393,122	3,166	0	98,683	0	16.00
17.00	SOCIAL SERVICE	110,601	2,878	0	12,552	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,570,993	64,902	51,243	851,608	295,840	30.00
31.00	INTENSIVE CARE UNIT	886,815	32,331	118,318	88,764	63,915	31.00
40.00	SUBPROVIDER - IPF	327,399	10,217	833	109,658	19,390	40.00
43.00	NURSERY	245,566	12,184	18,748	65,253	3,784	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,035,468	36,553	220,386	776,853	160,607	50.00
52.00	DELIVERY ROOM & LABOR ROOM	188,764	9,162	833	101,163	30,804	52.00
53.00	ANESTHESIOLOGY	84,414	0	61,658	6,368	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	704,375	25,472	154,146	216,025	63,064	54.00
54.01	CARDIAC REHABILITATION	37,559	0	2,500	0	0	54.01
56.01	NUCLEAR MEDICINE	213,747	96	19,164	14,450	0	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	128,075	1,103	20,414	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	59,379	1,679	20,831	0	0	58.00
59.00	CARDIAC CATHETERIZATION	284,757	5,037	72,490	67,641	7,847	59.00
60.00	LABORATORY	1,076,430	8,970	10,832	111,296	791	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	96,456	1,391	0	16,241	2,476	64.00
65.00	RESPIRATORY THERAPY	325,221	2,159	43,328	23,940	0	65.00
65.98	HYPERBARIC OXYGEN THERAPY	28,397	0	3,750	0	0	65.98
66.00	PHYSICAL THERAPY	640,925	2,255	34,579	72,876	39,571	66.00
68.00	SPEECH PATHOLOGY	27,484	768	417	11,067	0	68.00
69.00	ELECTROCARDIOLOGY	299,595	4,797	50,410	91,826	12,288	69.00
70.01	NEUROLOGY	124,980	1,103	13,748	33,752	8,333	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	1,846,312	3,933	0	44,206	583	73.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	72,246	5,468	0	0	5,137	90.00
90.01	DIABETES EDUCATION	11,340	0	0	0	0	90.01
90.02	PSYCH SERVICES	272,761	14,055	0	160,400	0	90.02
90.04	ANTI COAGULATION CLINIC	34,015	0	0	1,531	0	90.04
91.00	EMERGENCY	910,991	19,476	16,664	91,045	114,179	91.00
91.01	RURAL HEALTH CLINICS	0	0	0	0	0	91.01
92.00	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	16,468,959	1,094,945	988,202	3,462,590	895,455	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,110	0	0	5,021	0	190.00
193.05	OTHER NON-REIMBURSABLE	555,514	85,625	41,661	647,295	62,528	193.05
193.06	OUTSIDE ACCOUNTING	882	0	0	0	0	193.06
193.07	OUTSIDE PRINTING	43,069	720	0	0	0	193.07
193.08	FOUNDATION	59,826	0	0	0	0	193.08
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140034			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/23/2012 9:35 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
201.00	Negative Cost Centers	5.00	6.00	6.01	7.00	8.00		
		0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	17,143,360	1,181,290	1,029,863	4,114,906	957,983		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140034

Period:
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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
	9.00	10.00	11.00	12.00	13.00	
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
6.00 MAINTENANCE & REPAIRS						6.00
6.01 BIOMEDICAL SERVICES						6.01
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	1,882,504					9.00
10.00 DIETARY	8,263	844,641				10.00
11.00 CAFETERIA	24,306	0	1,482,980			11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00 NURSING ADMINISTRATION	2,410	0	27,422	0	1,288,418	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	14,942	0	73,765	0	0	16.00
17.00 SOCIAL SERVICE	1,653	0	18,098	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	561,304	613,483	407,764	0	696,683	30.00
31.00 INTENSIVE CARE UNIT	77,944	48,772	103,655	0	177,099	31.00
40.00 SUBPROVIDER - IPF	88,548	77,019	52,376	0	89,486	40.00
43.00 NURSERY	32,913	0	26,599	0	45,446	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	288,022	30,601	143,691	0	245,502	50.00
52.00 DELIVERY ROOM & LABOR ROOM	57,563	0	20,018	0	34,202	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	25,545	962	84,460	0	0	54.00
54.01 CARDIAC REHABILITATION	4,613	0	5,484	0	0	54.01
56.01 NUCLEAR MEDICINE	3,994	0	6,307	0	0	56.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	4,820	0	13,711	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	6,335	0	6,307	0	0	58.00
59.00 CARDIAC CATHETERIZATION	33,257	4,812	15,905	0	0	59.00
60.00 LABORATORY	30,434	0	111,333	0	0	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	22,103	16,977	12,614	0	0	64.00
65.00 RESPIRATORY THERAPY	5,853	0	44,698	0	0	65.00
65.98 HYPERBARIC OXYGEN THERAPY	7,299	0	3,565	0	0	65.98
66.00 PHYSICAL THERAPY	46,133	0	40,036	0	0	66.00
68.00 SPEECH PATHOLOGY	1,102	0	3,291	0	0	68.00
69.00 ELECTROCARDIOLOGY	24,719	5,420	38,391	0	0	69.00
70.01 NEUROLOGY	17,352	3,120	17,002	0	0	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	16,732	0	40,036	0	0	73.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	23,067	0	12,066	0	0	90.00
90.01 DIABETES EDUCATION	0	0	1,371	0	0	90.01
90.02 PSYCH SERVICES	39,730	0	36,471	0	0	90.02
90.04 ANTI COAGULATION CLINIC	964	0	2,468	0	0	90.04
91.00 EMERGENCY	183,568	43,475	104,478	0	0	91.00
91.01 RURAL HEALTH CLINICS	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,655,488	844,641	1,473,382	0	1,288,418	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,617	0	2,742	0	0	190.00
193.05 OTHER NON-REIMBURSABLE	224,399	0	0	0	0	193.05
193.06 OUTSIDE ACCOUNTING	0	0	823	0	0	193.06
193.07 OUTSIDE PRINTING	0	0	6,033	0	0	193.07
193.08 FOUNDATION	0	0	0	0	0	193.08
200.00 Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
	9.00	10.00	11.00	12.00	13.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,882,504	844,641	1,482,980	0	1,288,418	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
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
6.00	MAINTENANCE & REPAIRS						6.00
6.01	BIOMEDICAL SERVICES						6.01
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
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY	0					14.00
15.00	PHARMACY	0	0				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	2,030,889			16.00
17.00	SOCIAL SERVICE	0	0	0	552,940		17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	673,444	309,646	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	85,094	38,706	0	31.00
40.00	SUBPROVIDER - IPF	0	0	83,266	0	0	40.00
43.00	NURSERY	0	0	19,090	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	142,365	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	10,764	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	17,263	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	130,383	0	0	54.00
54.01	CARDIAC REHABILITATION	0	0	1,625	0	0	54.01
56.01	NUCLEAR MEDICINE	0	0	41,227	0	0	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	221,976	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	46,101	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	17,669	0	0	59.00
60.00	LABORATORY	0	0	180,343	0	0	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	0	0	13,201	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	6,905	0	0	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	65.98
66.00	PHYSICAL THERAPY	0	0	17,669	0	0	66.00
68.00	SPEECH PATHOLOGY	0	0	609	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	47,320	0	0	69.00
70.01	NEUROLOGY	0	0	22,543	0	0	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	114,542	0	0	73.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	LITHIOTHERAPY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	9,545	0	0	90.00
90.01	DIABETES EDUCATION	0	0	203	0	0	90.01
90.02	PSYCH SERVICES	0	0	11,982	0	0	90.02
90.04	ANTI COAGULATION CLINIC	0	0	609	0	0	90.04
91.00	EMERGENCY	0	0	115,151	204,588	0	91.00
91.01	RURAL HEALTH CLINICS	0	0	0	0	0	91.01
92.00	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	2,030,889	552,940	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.05	OTHER NON-REIMBURSABLE	0	0	0	0	0	193.05
193.06	OUTSIDE ACCOUNTING	0	0	0	0	0	193.06
193.07	OUTSIDE PRINTING	0	0	0	0	0	193.07
193.08	FOUNDATION	0	0	0	0	0	193.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140034

Period:
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
	14.00	15.00	16.00	17.00	19.00	
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	0	0	2,030,889	552,940		0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140034

Period:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
		20.00	21.00			
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
6.00 MAINTENANCE & REPAIRS						6.00
6.01 BIOMEDICAL SERVICES						6.01
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
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL	0					20.00
21.00 I&R SRVCES-SALARY & FRINGES APPRVD	0	0				21.00
22.00 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	0	16,561,496	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	4,986,070	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	2,063,456	40.00
43.00 NURSERY	0	0	0	0	1,373,592	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	11,573,278	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,148,174	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	480,459	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,997,469	54.00
54.01 CARDIAC REHABILITATION	0	0	0	0	190,047	54.01
56.01 NUCLEAR MEDICINE	0	0	0	0	1,085,857	56.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	861,584	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	359,224	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	1,557,700	59.00
60.00 LABORATORY	0	0	0	0	5,493,124	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	0	0	0	0	536,544	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	1,649,348	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	147,549	65.98
66.00 PHYSICAL THERAPY	0	0	0	0	3,253,501	66.00
68.00 SPEECH PATHOLOGY	0	0	0	0	145,914	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	1,677,673	69.00
70.01 NEUROLOGY	0	0	0	0	702,027	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	8,863,228	73.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	393,492	90.00
90.01 DIABETES EDUCATION	0	0	0	0	54,661	90.01
90.02 PSYCH SERVICES	0	0	0	0	1,539,523	90.02
90.04 ANTI COAGULATION CLINIC	0	0	0	0	164,807	90.04
91.00 EMERGENCY	0	0	0	0	5,157,274	91.00
91.01 RURAL HEALTH CLINICS	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	76,017,071	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	81,114	190.00
193.05 OTHER NON-REIMBURSABLE	0	0	0	0	3,662,053	193.05
193.06 OUTSIDE ACCOUNTING	0	0	0	0	4,951	193.06
193.07 OUTSIDE PRINTING	0	0	0	0	208,375	193.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140034

Period:
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
		20.00	21.00			
193.08 FOUNDATION	0	0	0	0	280,066	193.08
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	80,253,630	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140034

Period:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	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
6.00	MAINTENANCE & REPAIRS			6.00
6.01	BIOMEDICAL SERVICES			6.01
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
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
21.00	I&R SRVCES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SRVCES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	16,561,496	30.00
31.00	INTENSIVE CARE UNIT	0	4,986,070	31.00
40.00	SUBPROVIDER - IPF	0	2,063,456	40.00
43.00	NURSERY	0	1,373,592	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	11,573,278	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,148,174	52.00
53.00	ANESTHESIOLOGY	0	480,459	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,997,469	54.00
54.01	CARDIAC REHABILITATION	0	190,047	54.01
56.01	NUCLEAR MEDICINE	0	1,085,857	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	861,584	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	359,224	58.00
59.00	CARDIAC CATHETERIZATION	0	1,557,700	59.00
60.00	LABORATORY	0	5,493,124	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	INTRAVENOUS THERAPY	0	536,544	64.00
65.00	RESPIRATORY THERAPY	0	1,649,348	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	147,549	65.98
66.00	PHYSICAL THERAPY	0	3,253,501	66.00
68.00	SPEECH PATHOLOGY	0	145,914	68.00
69.00	ELECTROCARDIOLOGY	0	1,677,673	69.00
70.01	NEUROLOGY	0	702,027	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	0	8,863,228	73.00
76.97	CARDIAC REHABILITATION	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	393,492	90.00
90.01	DIABETES EDUCATION	0	54,661	90.01
90.02	PSYCH SERVICES	0	1,539,523	90.02
90.04	ANTI COAGULATION CLINIC	0	164,807	90.04
91.00	EMERGENCY	0	5,157,274	91.00
91.01	RURAL HEALTH CLINICS	0	0	91.01
92.00	OBSERVATION BEDS	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	76,017,071	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	81,114	190.00
193.05	OTHER NON-REIMBURSABLE	0	3,662,053	193.05
193.06	OUTSIDE ACCOUNTING	0	4,951	193.06

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COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
193.07	OUTSIDE PRINTING	0	208,375	193.07
193.08	FOUNDATION	0	280,066	193.08
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	80,253,630	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140034

Period:
From 01/01/2011
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
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	100	11,282	196	11,578	11,578	4.00
5.00	ADMINISTRATIVE & GENERAL	7,164	610,333	330,072	947,569	1,783	5.00
6.00	MAINTENANCE & REPAIRS	1,000	39,722	0	40,722	58	6.00
6.01	BIOMEDICAL SERVICES	0	4,892	0	4,892	0	6.01
7.00	OPERATION OF PLANT	0	102,240	103,697	205,937	188	7.00
8.00	LAUNDRY & LINEN SERVICE	102	34,586	14,637	49,325	42	8.00
9.00	HOUSEKEEPING	0	25,251	26,323	51,574	304	9.00
10.00	DIETARY	0	13,221	4,655	17,876	100	10.00
11.00	CAFETERIA	0	37,716	13,628	51,344	189	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	3,623	125,348	128,971	200	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	29,200	1,333	30,533	299	16.00
17.00	SOCIAL SERVICE	0	3,714	0	3,714	97	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	184,635	251,992	4,249	440,876	2,108	30.00
31.00	INTENSIVE CARE UNIT	42,758	26,265	84,807	153,830	703	31.00
40.00	SUBPROVIDER - I/PF	0	32,448	1,442	33,890	289	40.00
43.00	NURSERY	1,401	19,308	58,427	79,136	189	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	10,247	229,871	741,873	981,991	873	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	29,934	43,554	73,488	142	52.00
53.00	ANESTHESIOLOGY	1,935	1,884	89,232	93,051	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	85	60,747	358,710	419,542	498	54.00
54.01	CARDIAC REHABILITATION	0	0	0	0	33	54.01
56.01	NUCLEAR MEDICINE	0	4,276	227	4,503	56	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	18,550	3,175	39,073	60,798	87	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	10,933	1,848	10,796	23,577	38	58.00
59.00	CARDIAC CATHETERIZATION	2,804	20,015	46,245	69,064	115	59.00
60.00	LABORATORY	460	32,933	81,213	114,606	501	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	0	4,806	2,148	6,954	74	64.00
65.00	RESPIRATORY THERAPY	22,903	7,084	54,904	84,891	228	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	938	5,972	6,910	20	65.98
66.00	PHYSICAL THERAPY	95,996	21,564	23,366	140,926	522	66.00
68.00	SPEECH PATHOLOGY	0	3,275	3,467	6,742	23	68.00
69.00	ELECTROCARDIOLOGY	178	27,171	118,625	145,974	219	69.00
70.01	NEUROLOGY	1,600	9,987	26,568	38,155	94	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	129,468	13,081	87,815	230,364	348	73.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	LITHIOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	1,381	5,972	7,353	0	90.00
90.01	DIABETES EDUCATION	0	290	0	290	10	90.01
90.02	PSYCH SERVICES	15,402	47,463	1,826	64,691	201	90.02
90.04	ANTI COAGULATION CLINIC	0	453	0	453	32	90.04
91.00	EMERGENCY	0	26,940	36,257	63,197	701	91.00
91.01	RURAL HEALTH CLINICS	0	0	0	0	0	91.01
92.00	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	547,721	1,794,909	2,546,657	4,889,287	11,364	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,486	0	1,486	10	190.00
193.05	OTHER NON-REIMBURSABLE	232,575	189,687	84,791	507,053	174	193.05

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
193.06 OUTSIDE ACCOUNTING	0	0	0	0	2	193.06
193.07 OUTSIDE PRINTING	0	0	13,098	13,098	18	193.07
193.08 FOUNDATION	330	652	0	982	10	193.08
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)	780,626	1,986,734	2,644,546	5,411,906	11,578	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.00	6.00	6.01	7.00	8.00	
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	949,352					5.00
6.00 MAINTENANCE & REPAIRS	13,974	54,754				6.00
6.01 BIOMEDICAL SERVICES	12,177	22	17,091			6.01
7.00 OPERATION OF PLANT	39,908	34,360	0	280,393		7.00
8.00 LAUNDRY & LINEN SERVICE	9,656	1,152	0	7,965	68,140	8.00
9.00 HOUSEKEEPING	20,538	156	0	5,815	4,101	9.00
10.00 DIETARY	9,183	563	0	3,109	166	10.00
11.00 CAFETERIA	15,246	1,648	0	8,685	487	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	13,929	376	878	1,368	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	21,770	147	0	6,724	0	16.00
17.00 SOCIAL SERVICE	6,125	133	0	855	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	142,360	3,008	850	58,032	21,043	30.00
31.00 INTENSIVE CARE UNIT	49,110	1,499	1,964	6,048	4,546	31.00
40.00 SUBPROVIDER - IPF	18,131	474	14	7,472	1,379	40.00
43.00 NURSERY	13,599	565	311	4,446	269	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	112,721	1,694	3,657	52,935	11,424	50.00
52.00 DELIVERY ROOM & LABOR ROOM	10,453	425	14	6,893	2,191	52.00
53.00 ANESTHESIOLOGY	4,675	0	1,023	434	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	39,007	1,181	2,558	14,720	4,486	54.00
54.01 CARDIAC REHABILITATION	2,080	0	41	0	0	54.01
56.01 NUCLEAR MEDICINE	11,837	4	318	985	0	56.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	7,093	51	339	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	3,288	78	346	0	0	58.00
59.00 CARDIAC CATHETERIZATION	15,769	233	1,203	4,609	558	59.00
60.00 LABORATORY	59,611	416	180	7,584	56	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	5,342	64	0	1,107	176	64.00
65.00 RESPIRATORY THERAPY	18,010	100	719	1,631	0	65.00
65.98 HYPERBARIC OXYGEN THERAPY	1,573	0	62	0	0	65.98
66.00 PHYSICAL THERAPY	35,493	105	574	4,966	2,815	66.00
68.00 SPEECH PATHOLOGY	1,522	36	7	754	0	68.00
69.00 ELECTROCARDIOLOGY	16,591	222	837	6,257	874	69.00
70.01 NEUROLOGY	6,921	51	228	2,300	593	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	102,246	182	0	3,012	42	73.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	4,001	253	0	0	365	90.00
90.01 DIABETES EDUCATION	628	0	0	0	0	90.01
90.02 PSYCH SERVICES	15,105	651	0	10,930	0	90.02
90.04 ANTI COAGULATION CLINIC	1,884	0	0	104	0	90.04
91.00 EMERGENCY	50,449	903	277	6,204	8,121	91.00
91.01 RURAL HEALTH CLINICS	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	912,005	50,752	16,400	235,944	63,692	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	837	0	0	342	0	190.00
193.05 OTHER NON-REIMBURSABLE	30,763	3,969	691	44,107	4,448	193.05
193.06 OUTSIDE ACCOUNTING	49	0	0	0	0	193.06
193.07 OUTSIDE PRINTING	2,385	33	0	0	0	193.07
193.08 FOUNDATION	3,313	0	0	0	0	193.08
200.00 Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140034			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/23/2012 9:35 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
		5.00	6.00	6.01	7.00	8.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	949,352	54,754	17,091	280,393	68,140	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140034

Period:
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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
	9.00	10.00	11.00	12.00	13.00	
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
6.00 MAINTENANCE & REPAIRS						6.00
6.01 BIOMEDICAL SERVICES						6.01
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	82,488					9.00
10.00 DIETARY	362	31,359				10.00
11.00 CAFETERIA	1,065	0	78,664			11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00 NURSING ADMINISTRATION	106	0	1,455	0	147,283	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	655	0	3,913	0	0	16.00
17.00 SOCIAL SERVICE	72	0	960	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	24,597	22,777	21,627	0	79,640	30.00
31.00 INTENSIVE CARE UNIT	3,415	1,811	5,498	0	20,245	31.00
40.00 SUBPROVIDER - IPF	3,880	2,859	2,778	0	10,229	40.00
43.00 NURSERY	1,442	0	1,411	0	5,195	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	12,621	1,136	7,622	0	28,064	50.00
52.00 DELIVERY ROOM & LABOR ROOM	2,522	0	1,062	0	3,910	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,119	36	4,480	0	0	54.00
54.01 CARDIAC REHABILITATION	202	0	291	0	0	54.01
56.01 NUCLEAR MEDICINE	175	0	335	0	0	56.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	211	0	727	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	278	0	335	0	0	58.00
59.00 CARDIAC CATHETERIZATION	1,457	179	844	0	0	59.00
60.00 LABORATORY	1,334	0	5,906	0	0	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	968	630	669	0	0	64.00
65.00 RESPIRATORY THERAPY	256	0	2,371	0	0	65.00
65.98 HYPERBARIC OXYGEN THERAPY	320	0	189	0	0	65.98
66.00 PHYSICAL THERAPY	2,021	0	2,124	0	0	66.00
68.00 SPEECH PATHOLOGY	48	0	175	0	0	68.00
69.00 ELECTROCARDIOLOGY	1,083	201	2,036	0	0	69.00
70.01 NEUROLOGY	760	116	902	0	0	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	733	0	2,124	0	0	73.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	1,011	0	640	0	0	90.00
90.01 DIABETES EDUCATION	0	0	73	0	0	90.01
90.02 PSYCH SERVICES	1,741	0	1,935	0	0	90.02
90.04 ANTI COAGULATION CLINIC	42	0	131	0	0	90.04
91.00 EMERGENCY	8,044	1,614	5,542	0	0	91.00
91.01 RURAL HEALTH CLINICS	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	72,540	31,359	78,155	0	147,283	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	115	0	145	0	0	190.00
193.05 OTHER NON-REIMBURSABLE	9,833	0	0	0	0	193.05
193.06 OUTSIDE ACCOUNTING	0	0	44	0	0	193.06
193.07 OUTSIDE PRINTING	0	0	320	0	0	193.07
193.08 FOUNDATION	0	0	0	0	0	193.08
200.00 Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140034			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/23/2012 9:35 am	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION		
		9.00	10.00	11.00	12.00	13.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	82,488	31,359	78,664	0	147,283	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140034

Period:
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
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
6.00	MAINTENANCE & REPAIRS						6.00
6.01	BIOMEDICAL SERVICES						6.01
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
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY	0					14.00
15.00	PHARMACY	0	0				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	64,041			16.00
17.00	SOCIAL SERVICE	0	0	0	11,956		17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0		20.00
21.00	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	21,238	6,695		30.00
31.00	INTENSIVE CARE UNIT	0	0	2,683	837		31.00
40.00	SUBPROVIDER - IPF	0	0	2,626	0		40.00
43.00	NURSERY	0	0	602	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	4,489	0		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	339	0		52.00
53.00	ANESTHESIOLOGY	0	0	544	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	4,111	0		54.00
54.01	CARDIAC REHABILITATION	0	0	51	0		54.01
56.01	NUCLEAR MEDICINE	0	0	1,300	0		56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	7,000	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,454	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	557	0		59.00
60.00	LABORATORY	0	0	5,687	0		60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
64.00	INTRAVENOUS THERAPY	0	0	416	0		64.00
65.00	RESPIRATORY THERAPY	0	0	218	0		65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0		65.98
66.00	PHYSICAL THERAPY	0	0	557	0		66.00
68.00	SPEECH PATHOLOGY	0	0	19	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	1,492	0		69.00
70.01	NEUROLOGY	0	0	711	0		70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0		71.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	3,612	0		73.00
76.97	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	LITHOTRIPSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	301	0		90.00
90.01	DIABETES EDUCATION	0	0	6	0		90.01
90.02	PSYCH SERVICES	0	0	378	0		90.02
90.04	ANTI COAGULATION CLINIC	0	0	19	0		90.04
91.00	EMERGENCY	0	0	3,631	4,424		91.00
91.01	RURAL HEALTH CLINICS	0	0	0	0		91.01
92.00	OBSERVATION BEDS	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0		99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	64,041	11,956	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
193.05	OTHER NON-REIMBURSABLE	0	0	0	0		193.05
193.06	OUTSIDE ACCOUNTING	0	0	0	0		193.06
193.07	OUTSIDE PRINTING	0	0	0	0		193.07
193.08	FOUNDATION	0	0	0	0		193.08

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140034			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/23/2012 9:35 am	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS		
		14.00	15.00	16.00	17.00	19.00		
200.00	Cross Foot Adjustments						0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	64,041	11,956		0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140034

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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SRVCES-SALARY	SRVCES-OTHER				
		& FRINGES	PRGM COSTS				
20.00	21.00	22.00		23.00	24.00		
GENERAL SERVICE COST CENTERS							
1.00							1.00
2.00							2.00
4.00							4.00
5.00							5.00
6.00							6.00
6.01							6.01
7.00							7.00
8.00							8.00
9.00							9.00
10.00							10.00
11.00							11.00
12.00							12.00
13.00							13.00
14.00							14.00
15.00							15.00
16.00							16.00
17.00							17.00
19.00							19.00
20.00	0						20.00
21.00		0					21.00
22.00			0				22.00
23.00				0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00						844,851	30.00
31.00						252,189	31.00
40.00						84,021	40.00
43.00						107,165	43.00
ANCILLARY SERVICE COST CENTERS							
50.00						1,219,227	50.00
52.00						101,439	52.00
53.00						99,727	53.00
54.00						491,738	54.00
54.01						2,698	54.01
56.01						19,513	56.01
57.00						76,306	57.00
58.00						29,394	58.00
59.00						94,588	59.00
60.00						195,881	60.00
62.30						0	62.30
64.00						16,400	64.00
65.00						108,424	65.00
65.98						9,074	65.98
66.00						190,103	66.00
68.00						9,326	68.00
69.00						175,786	69.00
70.01						50,831	70.01
71.00						0	71.00
73.00						342,663	73.00
76.97						0	76.97
76.98						0	76.98
76.99						0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00						13,924	90.00
90.01						1,007	90.01
90.02						95,632	90.02
90.04						2,665	90.04
91.00						153,107	91.00
91.01						0	91.01
92.00						0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10						0	99.10
99.20						0	99.20
99.30						0	99.30
99.40						0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00	0	0	0	0		4,787,679	118.00
NONREIMBURSABLE COST CENTERS							
190.00						2,935	190.00
193.05						601,038	193.05
193.06						95	193.06
193.07						15,854	193.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140034

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
		20.00	21.00			
193.08 FOUNDATION					4,305	193.08
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	5,411,906	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140034

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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
6.00	MAINTENANCE & REPAIRS			6.00
6.01	BIOMEDICAL SERVICES			6.01
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
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
21.00	I&R SRVCES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SRVCES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	844,851	30.00
31.00	INTENSIVE CARE UNIT	0	252,189	31.00
40.00	SUBPROVIDER - IPF	0	84,021	40.00
43.00	NURSERY	0	107,165	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	1,219,227	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	101,439	52.00
53.00	ANESTHESIOLOGY	0	99,727	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	491,738	54.00
54.01	CARDIAC REHABILITATION	0	2,698	54.01
56.01	NUCLEAR MEDICINE	0	19,513	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	76,306	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	29,394	58.00
59.00	CARDIAC CATHETERIZATION	0	94,588	59.00
60.00	LABORATORY	0	195,881	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	INTRAVENOUS THERAPY	0	16,400	64.00
65.00	RESPIRATORY THERAPY	0	108,424	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	9,074	65.98
66.00	PHYSICAL THERAPY	0	190,103	66.00
68.00	SPEECH PATHOLOGY	0	9,326	68.00
69.00	ELECTROCARDIOLOGY	0	175,786	69.00
70.01	NEUROLOGY	0	50,831	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	0	342,663	73.00
76.97	CARDIAC REHABILITATION	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	13,924	90.00
90.01	DIABETES EDUCATION	0	1,007	90.01
90.02	PSYCH SERVICES	0	95,632	90.02
90.04	ANTI COAGULATION CLINIC	0	2,665	90.04
91.00	EMERGENCY	0	153,107	91.00
91.01	RURAL HEALTH CLINICS	0	0	91.01
92.00	OBSERVATION BEDS	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	4,787,679	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,935	190.00
193.05	OTHER NON-REIMBURSABLE	0	601,038	193.05
193.06	OUTSIDE ACCOUNTING	0	95	193.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140034

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
193.07 OUTSIDE PRINTING	0	15,854	193.07
193.08 FOUNDATION	0	4,305	193.08
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	5,411,906	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140034

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

Worksheet B-1

Date/Time Prepared: 5/23/2012 9:35 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	438,640					1.00
2.00		1,861,107				2.00
4.00	2,491	138	35,226,607			4.00
5.00	134,752	232,289	5,419,604	-17,143,360	63,110,270	5.00
6.00	8,770	0	175,356	0	928,949	6.00
6.01	1,080	0	0	0	809,492	6.01
7.00	22,573	72,977	572,181	0	2,652,942	7.00
8.00	7,636	10,301	128,909	0	641,889	8.00
9.00	5,575	18,525	925,368	0	1,365,288	9.00
10.00	2,919	3,276	302,766	0	610,449	10.00
11.00	8,327	9,591	573,813	0	1,013,507	11.00
12.00	0	0	0	0	0	12.00
13.00	800	88,214	607,715	0	925,958	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	6,447	938	908,942	0	1,447,211	16.00
17.00	820	0	295,243	0	407,158	17.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
23.00	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	55,636	2,990	6,435,013	0	9,464,586	30.00
31.00	5,799	59,683	2,137,653	0	3,264,657	31.00
40.00	7,164	1,015	878,138	0	1,205,264	40.00
43.00	4,263	41,118	574,462	0	904,009	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	50,752	522,094	2,653,034	0	7,493,230	50.00
52.00	6,609	30,651	432,450	0	694,901	52.00
53.00	416	62,797	0	0	310,756	53.00
54.00	13,412	252,443	1,512,391	0	2,593,037	54.00
54.01	0	0	101,140	0	138,266	54.01
56.01	944	160	171,404	0	786,872	56.01
57.00	701	27,498	264,559	0	471,485	57.00
58.00	408	7,598	116,099	0	218,592	58.00
59.00	4,419	32,545	348,899	0	1,048,285	59.00
60.00	7,271	57,154	1,522,907	0	3,962,695	60.00
62.30	0	0	0	0	0	62.30
64.00	1,061	1,512	225,390	0	355,085	64.00
65.00	1,564	38,639	693,759	0	1,197,244	65.00
65.98	207	4,203	61,034	0	104,538	65.98
66.00	4,761	16,444	1,587,548	0	2,359,457	66.00
68.00	723	2,440	68,901	0	101,176	68.00
69.00	5,999	83,483	665,188	0	1,102,907	69.00
70.01	2,205	18,697	286,537	0	460,094	70.01
71.00	0	0	0	0	0	71.00
73.00	2,888	61,800	1,056,488	0	6,796,884	73.00
76.97	0	0	0	0	0	76.97
76.98	0	0	0	0	0	76.98
76.99	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	305	4,203	0	0	265,963	90.00
90.01	64	0	31,798	0	41,747	90.01
90.02	10,479	1,285	610,168	0	1,004,124	90.02
90.04	100	0	96,068	0	125,220	90.04
91.00	5,948	25,516	2,130,848	0	3,353,659	91.00
91.01	0	0	0	0	0	91.01
92.00	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	0	0	0	0	0	99.10
99.20	0	0	0	0	0	99.20
99.30	0	0	0	0	0	99.30
99.40	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
118.00	396,288	1,792,217	34,571,773	-17,143,360	60,627,576	118.00
NONREIMBURSABLE COST CENTERS						
190.00	328	0	31,831	0	55,624	190.00
193.05	41,880	59,672	529,294	0	2,045,031	193.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140034

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

Worksheet B-1

Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
193.06 OUTSIDE ACCOUNTING	0	0	7,147	0	3,246	193.06
193.07 OUTSIDE PRINTING	0	9,218	54,977	0	158,553	193.07
193.08 FOUNDATION	144	0	31,585	0	220,240	193.08
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)	1,986,734	2,644,546	10,247,804		17,143,360	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.529304	1.420953	0.290911		0.271641	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			11,578		949,352	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000329		0.015043	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140034

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

Worksheet B-1

Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description	MAINTENANCE & REPAIRS (HOURS OF SERVICE)	BIOMEDICAL SERVICES (HOURS OF SERVICE)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	6.00	6.01	7.00	8.00	9.00	
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
6.00 MAINTENANCE & REPAIRS	24,626					6.00
6.01 BIOMEDICAL SERVICES	10	2,472				6.01
7.00 OPERATION OF PLANT	15,454	0	268,828			7.00
8.00 LAUNDRY & LINEN SERVICE	518	0	7,636	817,625		8.00
9.00 HOUSEKEEPING	70	0	5,575	49,207	27,340	9.00
10.00 DIETARY	253	0	2,981	1,997	120	10.00
11.00 CAFETERIA	741	0	8,327	5,848	353	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	169	127	1,312	0	35	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	66	0	6,447	0	217	16.00
17.00 SOCIAL SERVICE	60	0	820	0	24	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,353	123	55,636	252,495	8,152	30.00
31.00 INTENSIVE CARE UNIT	674	284	5,799	54,551	1,132	31.00
40.00 SUBPROVIDER - IPF	213	2	7,164	16,549	1,286	40.00
43.00 NURSERY	254	45	4,263	3,230	478	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	762	529	50,752	137,076	4,183	50.00
52.00 DELIVERY ROOM & LABOR ROOM	191	2	6,609	26,291	836	52.00
53.00 ANESTHESIOLOGY	0	148	416	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	531	370	14,113	53,824	371	54.00
54.01 CARDIAC REHABILITATION	0	6	0	0	67	54.01
56.01 NUCLEAR MEDICINE	2	46	944	0	58	56.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	23	49	0	0	70	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	35	50	0	0	92	58.00
59.00 CARDIAC CATHETERIZATION	105	174	4,419	6,697	483	59.00
60.00 LABORATORY	187	26	7,271	675	442	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	29	0	1,061	2,113	321	64.00
65.00 RESPIRATORY THERAPY	45	104	1,564	0	85	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	9	0	0	106	65.98
66.00 PHYSICAL THERAPY	47	83	4,761	33,773	670	66.00
68.00 SPEECH PATHOLOGY	16	1	723	0	16	68.00
69.00 ELECTROCARDIOLOGY	100	121	5,999	10,488	359	69.00
70.01 NEUROLOGY	23	33	2,205	7,112	252	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	82	0	2,888	498	243	73.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	114	0	0	4,384	335	90.00
90.01 DIABETES EDUCATION	0	0	0	0	0	90.01
90.02 PSYCH SERVICES	293	0	10,479	0	577	90.02
90.04 ANTI COAGULATION CLINIC	0	0	100	0	14	90.04
91.00 EMERGENCY	406	40	5,948	97,450	2,666	91.00
91.01 RURAL HEALTH CLINICS	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	22,826	2,372	226,212	764,258	24,043	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	328	0	38	190.00
193.05 OTHER NON-REIMBURSABLE	1,785	100	42,288	53,367	3,259	193.05
193.06 OUTSIDE ACCOUNTING	0	0	0	0	0	193.06
193.07 OUTSIDE PRINTING	15	0	0	0	0	193.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140034

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

Worksheet B-1

Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description	MAINTENANCE & REPAIRS (HOURS OF SERVICE)	BIOMEDICAL SERVICES (HOURS OF SERVICE)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	6.00	6.01	7.00	8.00	9.00	
193.08 FOUNDATION	0	0	0	0	0	193.08
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)	1,181,290	1,029,863	4,114,906	957,983	1,882,504	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	47.969220	416.611246	15.306836	1.171665	68.855304	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	54,754	17,091	280,393	68,140	82,488	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.223422	6.913835	1.043020	0.083339	3.017118	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140034

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

Worksheet B-1
Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FULL TIME EQUIVALENT)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FULL TIME EQUIVALENT)	CENTRAL SERVICES & SUPPLY (BLANK)	
	10.00	11.00	12.00	13.00	14.00	
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
6.00 MAINTENANCE & REPAIRS						6.00
6.01 BIOMEDICAL SERVICES						6.01
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	123,737					10.00
11.00 CAFETERIA	0	54,080				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	1,000	0	27,500		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	2,690	0	0	0	16.00
17.00 SOCIAL SERVICE	0	660	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	89,873	14,870	0	14,870	0	30.00
31.00 INTENSIVE CARE UNIT	7,145	3,780	0	3,780	0	31.00
40.00 SUBPROVIDER - IPF	11,283	1,910	0	1,910	0	40.00
43.00 NURSERY	0	970	0	970	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	4,483	5,240	0	5,240	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	730	0	730	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	141	3,080	0	0	0	54.00
54.01 CARDIAC REHABILITATION	0	200	0	0	0	54.01
56.01 NUCLEAR MEDICINE	0	230	0	0	0	56.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	0	500	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	230	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	705	580	0	0	0	59.00
60.00 LABORATORY	0	4,060	0	0	0	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	2,487	460	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	1,630	0	0	0	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	130	0	0	0	65.98
66.00 PHYSICAL THERAPY	0	1,460	0	0	0	66.00
68.00 SPEECH PATHOLOGY	0	120	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	794	1,400	0	0	0	69.00
70.01 NEUROLOGY	457	620	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,460	0	0	0	73.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	440	0	0	0	90.00
90.01 DIABETES EDUCATION	0	50	0	0	0	90.01
90.02 PSYCH SERVICES	0	1,330	0	0	0	90.02
90.04 ANTI COAGULATION CLINIC	0	90	0	0	0	90.04
91.00 EMERGENCY	6,369	3,810	0	0	0	91.00
91.01 RURAL HEALTH CLINICS	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	123,737	53,730	0	27,500	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	100	0	0	0	190.00
193.05 OTHER NON-REIMBURSABLE	0	0	0	0	0	193.05
193.06 OUTSIDE ACCOUNTING	0	30	0	0	0	193.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140034

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

Worksheet B-1

Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FULL TIME EQUIVALENT)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FULL TIME EQUIVALENT)	CENTRAL SERVICES & SUPPLY (BLANK)	
	10.00	11.00	12.00	13.00	14.00	
193.07 OUTSIDE PRINTING	0	220	0	0	0	193.07
193.08 FOUNDATION	0	0	0	0	0	193.08
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)	844,641	1,482,980	0	1,288,418	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6.826099	27.421967	0.000000	46.851564	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	31,359	78,664	0	147,283	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.253433	1.454586	0.000000	5.355745	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140034

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

Worksheet B-1
Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (BLANK)	NURSING SCHOOL (ASSIGNED TIME)	
	15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.00						5.00
6.00						6.00
6.01						6.01
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00	0					15.00
16.00	0	10,000				16.00
17.00	0	0	100			17.00
19.00	0	0	0	0		19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0		21.00
22.00	0	0	0	0		22.00
23.00	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	0	3,316	56		0	30.00
31.00	0	419	7		0	31.00
40.00	0	410	0		0	40.00
43.00	0	94	0		0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	0	701	0	0	0	50.00
52.00	0	53	0	0	0	52.00
53.00	0	85	0	0	0	53.00
54.00	0	642	0	0	0	54.00
54.01	0	8	0	0	0	54.01
56.01	0	203	0	0	0	56.01
57.00	0	1,093	0	0	0	57.00
58.00	0	227	0	0	0	58.00
59.00	0	87	0	0	0	59.00
60.00	0	888	0	0	0	60.00
62.30	0	0	0	0	0	62.30
64.00	0	65	0	0	0	64.00
65.00	0	34	0	0	0	65.00
65.98	0	0	0	0	0	65.98
66.00	0	87	0	0	0	66.00
68.00	0	3	0	0	0	68.00
69.00	0	233	0	0	0	69.00
70.01	0	111	0	0	0	70.01
71.00	0	0	0	0	0	71.00
73.00	0	564	0	0	0	73.00
76.97	0	0	0	0	0	76.97
76.98	0	0	0	0	0	76.98
76.99	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	0	47	0	0	0	90.00
90.01	0	1	0	0	0	90.01
90.02	0	59	0	0	0	90.02
90.04	0	3	0	0	0	90.04
91.00	0	567	37	0	0	91.00
91.01	0	0	0	0	0	91.01
92.00	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	0	0	0	0	0	99.10
99.20	0	0	0	0	0	99.20
99.30	0	0	0	0	0	99.30
99.40	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
118.00	0	10,000	100	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	0	0	0	0	190.00
193.05	0	0	0	0	0	193.05
193.06	0	0	0	0	0	193.06
193.07	0	0	0	0	0	193.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140034

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

Worksheet B-1

Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (BLANK)	NURSING SCHOOL (ASSIGNED TIME)	
	15.00	16.00	17.00	19.00	20.00	
193.08 FOUNDATION	0	0	0	0	0	193.08
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)	0	2,030,889	552,940	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	203.088900	5,529.400000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	64,041	11,956	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	6.404100	119.560000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140034

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

Worksheet B-1
Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)		
	SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00			
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
6.00 MAINTENANCE & REPAIRS					6.00
6.01 BIOMEDICAL SERVICES					6.01
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
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
19.00 NONPHYSICIAN ANESTHETISTS					19.00
20.00 NURSING SCHOOL					20.00
21.00 I&R SRVCES-SALARY & FRINGES APPRVD	0				21.00
22.00 I&R SRVCES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	0	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0	0		31.00
40.00 SUBPROVIDER - IPF	0	0	0		40.00
43.00 NURSERY	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
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 CARDIAC REHABILITATION	0	0	0		54.01
56.01 NUCLEAR MEDICINE	0	0	0		56.01
57.00 COMPUTED TOMOGRAPHY (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
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0		65.98
66.00 PHYSICAL THERAPY	0	0	0		66.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.01 NEUROLOGY	0	0	0		70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0		71.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.97 CARDIAC REHABILITATION	0	0	0		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		90.00
90.01 DIABETES EDUCATION	0	0	0		90.01
90.02 PSYCH SERVICES	0	0	0		90.02
90.04 ANTI COAGULATION CLINIC	0	0	0		90.04
91.00 EMERGENCY	0	0	0		91.00
91.01 RURAL HEALTH CLINICS	0	0	0		91.01
92.00 OBSERVATION BEDS					92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF	0	0	0		99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
193.05 OTHER NON-REIMBURSABLE	0	0	0		193.05

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140034

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

Worksheet B-1
Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
	SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
	21.00	22.00		
193.06 OUTSIDE ACCOUNTING	0	0	0	193.06
193.07 OUTSIDE PRINTING	0	0	0	193.07
193.08 FOUNDATION	0	0	0	193.08
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)	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140034

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2012 9:35 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		16,561,496	5,779	16,567,275	30.00
31.00	INTENSIVE CARE UNIT		4,986,070	0	4,986,070	31.00
40.00	SUBPROVIDER - IPF		2,063,456	7,523	2,070,979	40.00
43.00	NURSERY		1,373,592	0	1,373,592	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		11,573,278	28,353	11,601,631	50.00
52.00	DELIVERY ROOM & LABOR ROOM		1,148,174	0	1,148,174	52.00
53.00	ANESTHESIOLOGY		480,459	31,956	512,415	53.00
54.00	RADIOLOGY-DIAGNOSTIC		3,997,469	6,880	4,004,349	54.00
54.01	CARDIAC REHABILITATION		190,047	10,192	200,239	54.01
56.01	NUCLEAR MEDICINE		1,085,857	0	1,085,857	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN		861,584	0	861,584	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		359,224	0	359,224	58.00
59.00	CARDIAC CATHETERIZATION		1,557,700	13,769	1,571,469	59.00
60.00	LABORATORY		5,493,124	0	5,493,124	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
64.00	INTRAVENOUS THERAPY		536,544	0	536,544	64.00
65.00	RESPIRATORY THERAPY	0	1,649,348	9,187	1,658,535	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	147,549	0	147,549	65.98
66.00	PHYSICAL THERAPY	0	3,253,501	4,893	3,258,394	66.00
68.00	SPEECH PATHOLOGY	0	145,914	0	145,914	68.00
69.00	ELECTROCARDIOLOGY		1,677,673	14,640	1,692,313	69.00
70.01	NEUROLOGY		702,027	5,464	707,491	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS		8,863,228	0	8,863,228	73.00
76.97	CARDIAC REHABILITATION		0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	LITHOTRIPSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC		393,492	3,239	396,731	90.00
90.01	DIABETES EDUCATION		54,661	0	54,661	90.01
90.02	PSYCH SERVICES		1,539,523	6,866	1,546,389	90.02
90.04	ANTI COAGULATION CLINIC		164,807	0	164,807	90.04
91.00	EMERGENCY		5,157,274	0	5,157,274	91.00
91.01	RURAL HEALTH CLINICS		0	0	0	91.01
92.00	OBSERVATION BEDS		1,247,596	0	1,247,596	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF		0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		0	0	0	99.40
200.00	Subtotal (see instructions)	0	77,264,667	148,741	77,413,408	200.00
201.00	Less Observation Beds		1,247,596	0	1,247,596	201.00
202.00	Total (see instructions)	0	76,017,071	148,741	76,165,812	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140034

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2012 9:35 am

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,252,559		12,252,559			30.00
31.00	INTENSIVE CARE UNIT	2,992,751		2,992,751			31.00
40.00	SUBPROVIDER - IPF	1,488,896		1,488,896			40.00
43.00	NURSERY	362,601		362,601			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	14,330,191	16,404,703	30,734,894	0.376552	0.000000	50.00
52.00	DELIVERY ROOM & LABOR ROOM	1,794,203	1,281,120	3,075,323	0.373351	0.000000	52.00
53.00	ANESTHESIOLOGY	1,946,381	1,963,111	3,909,492	0.122896	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,016,219	15,242,244	19,258,463	0.207569	0.000000	54.00
54.01	CARDIAC REHABILITATION	392	194,824	195,216	0.973522	0.000000	54.01
56.01	NUCLEAR MEDICINE	983,344	4,819,083	5,802,427	0.187138	0.000000	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	11,336,362	25,858,670	37,195,032	0.023164	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	965,384	5,216,203	6,181,587	0.058112	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	3,570,070	2,068,324	5,638,394	0.276267	0.000000	59.00
60.00	LABORATORY	17,103,628	20,886,715	37,990,343	0.144593	0.000000	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
64.00	INTRAVENOUS THERAPY	14,706	1,546,045	1,560,751	0.343773	0.000000	64.00
65.00	RESPIRATORY THERAPY	3,277,447	817,005	4,094,452	0.402825	0.000000	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	450,642	450,642	0.327420	0.000000	65.98
66.00	PHYSICAL THERAPY	673,429	5,406,208	6,079,637	0.535147	0.000000	66.00
68.00	SPEECH PATHOLOGY	49,189	65,669	114,858	1.270386	0.000000	68.00
69.00	ELECTROCARDIOLOGY	5,554,813	5,544,168	11,098,981	0.151156	0.000000	69.00
70.01	NEUROLOGY	249,939	2,649,590	2,899,529	0.242118	0.000000	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0.000000	0.000000	71.00
73.00	DRUGS CHARGED TO PATIENTS	13,950,895	13,650,424	27,601,319	0.321116	0.000000	73.00
76.97	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	LITHOTRIpsy	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	1,843	628,622	630,465	0.624130	0.000000	90.00
90.01	DIABETES EDUCATION	0	13,982	13,982	3.909383	0.000000	90.01
90.02	PSYCH SERVICES	1,013	2,096,522	2,097,535	0.733968	0.000000	90.02
90.04	ANTI COAGULATION CLINIC	385	69,455	69,840	2.359779	0.000000	90.04
91.00	EMERGENCY	5,011,221	13,617,172	18,628,393	0.276850	0.000000	91.00
91.01	RURAL HEALTH CLINICS	0	0	0	0.000000	0.000000	91.01
92.00	OBSERVATION BEDS	243,207	2,285,843	2,529,050	0.493306	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0			99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
200.00	Subtotal (see instructions)	102,171,068	142,776,344	244,947,412			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	102,171,068	142,776,344	244,947,412			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/23/2012 9:35 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
43.00	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.377474		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.373351		52.00
53.00	ANESTHESIOLOGY	0.131069		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.207927		54.00
54.01	CARDIAC REHABILITATION	1.025730		54.01
56.01	NUCLEAR MEDICINE	0.187138		56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0.023164		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.058112		58.00
59.00	CARDIAC CATHETERIZATION	0.278709		59.00
60.00	LABORATORY	0.144593		60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00	INTRAVENOUS THERAPY	0.343773		64.00
65.00	RESPIRATORY THERAPY	0.405069		65.00
65.98	HYPERBARIC OXYGEN THERAPY	0.327420		65.98
66.00	PHYSICAL THERAPY	0.535952		66.00
68.00	SPEECH PATHOLOGY	1.270386		68.00
69.00	ELECTROCARDIOLOGY	0.152475		69.00
70.01	NEUROLOGY	0.244002		70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000		71.00
73.00	DRUGS CHARGED TO PATIENTS	0.321116		73.00
76.97	CARDIAC REHABILITATION	0.000000		76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	LITHOTRIPSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0.629267		90.00
90.01	DIABETES EDUCATION	3.909383		90.01
90.02	PSYCH SERVICES	0.737241		90.02
90.04	ANTI COAGULATION CLINIC	2.359779		90.04
91.00	EMERGENCY	0.276850		91.00
91.01	RURAL HEALTH CLINICS	0.000000		91.01
92.00	OBSERVATION BEDS	0.493306		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	CORF			99.10
99.20	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY			99.40
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140034

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2012 9:35 am

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		16,561,496	5,779	16,567,275	30.00	
31.00	INTENSIVE CARE UNIT		4,986,070	0	4,986,070	31.00	
40.00	SUBPROVIDER - 1PF		2,063,456	7,523	2,070,979	40.00	
43.00	NURSERY		1,373,592	0	1,373,592	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		11,573,278	28,353	11,601,631	50.00	
52.00	DELIVERY ROOM & LABOR ROOM		1,148,174	0	1,148,174	52.00	
53.00	ANESTHESIOLOGY		480,459	31,956	512,415	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		3,997,469	6,880	4,004,349	54.00	
54.01	CARDIAC REHABILITATION		190,047	10,192	200,239	54.01	
56.01	NUCLEAR MEDICINE		1,085,857	0	1,085,857	56.01	
57.00	COMPUTED TOMOGRAPHY (CT) SCAN		861,584	0	861,584	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		359,224	0	359,224	58.00	
59.00	CARDIAC CATHETERIZATION		1,557,700	13,769	1,571,469	59.00	
60.00	LABORATORY		5,493,124	0	5,493,124	60.00	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30	
64.00	INTRAVENOUS THERAPY		536,544	0	536,544	64.00	
65.00	RESPIRATORY THERAPY	0	1,649,348	9,187	1,658,535	65.00	
65.98	HYPERBARIC OXYGEN THERAPY	0	147,549	0	147,549	65.98	
66.00	PHYSICAL THERAPY	0	3,253,501	4,893	3,258,394	66.00	
68.00	SPEECH PATHOLOGY	0	145,914	0	145,914	68.00	
69.00	ELECTROCARDIOLOGY		1,677,673	14,640	1,692,313	69.00	
70.01	NEUROLOGY		702,027	5,464	707,491	70.01	
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	71.00	
73.00	DRUGS CHARGED TO PATIENTS		8,863,228	0	8,863,228	73.00	
76.97	CARDIAC REHABILITATION		0	0	0	76.97	
76.98	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98	
76.99	LITHOTRIPSY		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC		393,492	3,239	396,731	90.00	
90.01	DIABETES EDUCATION		54,661	0	54,661	90.01	
90.02	PSYCH SERVICES		1,539,523	6,866	1,546,389	90.02	
90.04	ANTI COAGULATION CLINIC		164,807	0	164,807	90.04	
91.00	EMERGENCY		5,157,274	0	5,157,274	91.00	
91.01	RURAL HEALTH CLINICS		0	0	0	91.01	
92.00	OBSERVATION BEDS		1,247,596	0	1,247,596	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF		0	0	0	99.10	
99.20	OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20	
99.30	OUTPATIENT OCCUPATIONAL THERAPY		0	0	0	99.30	
99.40	OUTPATIENT SPEECH PATHOLOGY		0	0	0	99.40	
200.00	Subtotal (see instructions)	0	77,264,667	148,741	77,413,408	200.00	
201.00	Less Observation Beds		1,247,596	0	1,247,596	201.00	
202.00	Total (see instructions)	0	76,017,071	148,741	76,165,812	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140034

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2012 9:35 am

		Title XIX			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,252,559		12,252,559			30.00
31.00	INTENSIVE CARE UNIT	2,992,751		2,992,751			31.00
40.00	SUBPROVIDER - IPF	1,488,896		1,488,896			40.00
43.00	NURSERY	362,601		362,601			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	14,330,191	16,404,703	30,734,894	0.376552	0.000000	50.00
52.00	DELIVERY ROOM & LABOR ROOM	1,794,203	1,281,120	3,075,323	0.373351	0.000000	52.00
53.00	ANESTHESIOLOGY	1,946,381	1,963,111	3,909,492	0.122896	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,016,219	15,242,244	19,258,463	0.207569	0.000000	54.00
54.01	CARDIAC REHABILITATION	392	194,824	195,216	0.973522	0.000000	54.01
56.01	NUCLEAR MEDICINE	983,344	4,819,083	5,802,427	0.187138	0.000000	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	11,336,362	25,858,670	37,195,032	0.023164	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	965,384	5,216,203	6,181,587	0.058112	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	3,570,070	2,068,324	5,638,394	0.276267	0.000000	59.00
60.00	LABORATORY	17,103,628	20,886,715	37,990,343	0.144593	0.000000	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
64.00	INTRAVENOUS THERAPY	14,706	1,546,045	1,560,751	0.343773	0.000000	64.00
65.00	RESPIRATORY THERAPY	3,277,447	817,005	4,094,452	0.402825	0.000000	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	450,642	450,642	0.327420	0.000000	65.98
66.00	PHYSICAL THERAPY	673,429	5,406,208	6,079,637	0.535147	0.000000	66.00
68.00	SPEECH PATHOLOGY	49,189	65,669	114,858	1.270386	0.000000	68.00
69.00	ELECTROCARDIOLOGY	5,554,813	5,544,168	11,098,981	0.151156	0.000000	69.00
70.01	NEUROLOGY	249,939	2,649,590	2,899,529	0.242118	0.000000	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0.000000	0.000000	71.00
73.00	DRUGS CHARGED TO PATIENTS	13,950,895	13,650,424	27,601,319	0.321116	0.000000	73.00
76.97	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	1,843	628,622	630,465	0.624130	0.000000	90.00
90.01	DIABETES EDUCATION	0	13,982	13,982	3.909383	0.000000	90.01
90.02	PSYCH SERVICES	1,013	2,096,522	2,097,535	0.733968	0.000000	90.02
90.04	ANTI COAGULATION CLINIC	385	69,455	69,840	2.359779	0.000000	90.04
91.00	EMERGENCY	5,011,221	13,617,172	18,628,393	0.276850	0.000000	91.00
91.01	RURAL HEALTH CLINICS	0	0	0	0.000000	0.000000	91.01
92.00	OBSERVATION BEDS	243,207	2,285,843	2,529,050	0.493306	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0			99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
200.00	Subtotal (see instructions)	102,171,068	142,776,344	244,947,412			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	102,171,068	142,776,344	244,947,412			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/23/2012 9:35 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
43.00	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.377474		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.373351		52.00
53.00	ANESTHESIOLOGY	0.131069		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.207927		54.00
54.01	CARDIAC REHABILITATION	1.025730		54.01
56.01	NUCLEAR MEDICINE	0.187138		56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0.023164		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.058112		58.00
59.00	CARDIAC CATHETERIZATION	0.278709		59.00
60.00	LABORATORY	0.144593		60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00	INTRAVENOUS THERAPY	0.343773		64.00
65.00	RESPIRATORY THERAPY	0.405069		65.00
65.98	HYPERBARIC OXYGEN THERAPY	0.327420		65.98
66.00	PHYSICAL THERAPY	0.535952		66.00
68.00	SPEECH PATHOLOGY	1.270386		68.00
69.00	ELECTROCARDIOLOGY	0.152475		69.00
70.01	NEUROLOGY	0.244002		70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000		71.00
73.00	DRUGS CHARGED TO PATIENTS	0.321116		73.00
76.97	CARDIAC REHABILITATION	0.000000		76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	LITHOTRIPSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0.629267		90.00
90.01	DIABETES EDUCATION	3.909383		90.01
90.02	PSYCH SERVICES	0.737241		90.02
90.04	ANTI COAGULATION CLINIC	2.359779		90.04
91.00	EMERGENCY	0.276850		91.00
91.01	RURAL HEALTH CLINICS	0.000000		91.01
92.00	OBSERVATION BEDS	0.493306		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	CORF			99.10
99.20	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY			99.40
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 140034

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

Worksheet C Part II Date/Time Prepared: 5/23/2012 9:35 am

Cost Center Description		Title XIX			Hospital	PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	11,573,278	1,219,227	10,354,051	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	1,148,174	101,439	1,046,735	0	0	52.00
53.00	ANESTHESIOLOGY	480,459	99,727	380,732	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,997,469	491,738	3,505,731	0	0	54.00
54.01	CARDIAC REHABILITATION	190,047	2,698	187,349	0	0	54.01
56.01	NUCLEAR MEDICINE	1,085,857	19,513	1,066,344	0	0	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	861,584	76,306	785,278	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	359,224	29,394	329,830	0	0	58.00
59.00	CARDIAC CATHETERIZATION	1,557,700	94,588	1,463,112	0	0	59.00
60.00	LABORATORY	5,493,124	195,881	5,297,243	0	0	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	536,544	16,400	520,144	0	0	64.00
65.00	RESPIRATORY THERAPY	1,649,348	108,424	1,540,924	0	0	65.00
65.98	HYPERBARIC OXYGEN THERAPY	147,549	9,074	138,475	0	0	65.98
66.00	PHYSICAL THERAPY	3,253,501	190,103	3,063,398	0	0	66.00
68.00	SPEECH PATHOLOGY	145,914	9,326	136,588	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,677,673	175,786	1,501,887	0	0	69.00
70.01	NEUROLOGY	702,027	50,831	651,196	0	0	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	8,863,228	342,663	8,520,565	0	0	73.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	393,492	13,924	379,568	0	0	90.00
90.01	DIABETES EDUCATION	54,661	1,007	53,654	0	0	90.01
90.02	PSYCH SERVICES	1,539,523	95,632	1,443,891	0	0	90.02
90.04	ANTI COAGULATION CLINIC	164,807	2,665	162,142	0	0	90.04
91.00	EMERGENCY	5,157,274	153,107	5,004,167	0	0	91.00
91.01	RURAL HEALTH CLINICS	0	0	0	0	0	91.01
92.00	OBSERVATION BEDS	1,247,596	63,621	1,183,975	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
200.00	Subtotal (sum of lines 50 thru 199)	52,280,053	3,563,074	48,716,979	0	0	200.00
201.00	Less Observation Beds	1,247,596	63,621	1,183,975	0	0	201.00
202.00	Total (line 200 minus line 201)	51,032,457	3,499,453	47,533,004	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part II Date/Time Prepared: 5/23/2012 9:35 am
		Title XIX		Hospital
				PPS

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	11,573,278	30,734,894	0.376552	50.00
52.00 DELIVERY ROOM & LABOR ROOM	1,148,174	3,075,323	0.373351	52.00
53.00 ANESTHESIOLOGY	480,459	3,909,492	0.122896	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,997,469	19,258,463	0.207569	54.00
54.01 CARDIAC REHABILITATION	190,047	195,216	0.973522	54.01
56.01 NUCLEAR MEDICINE	1,085,857	5,802,427	0.187138	56.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	861,584	37,195,032	0.023164	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	359,224	6,181,587	0.058112	58.00
59.00 CARDIAC CATHETERIZATION	1,557,700	5,638,394	0.276267	59.00
60.00 LABORATORY	5,493,124	37,990,343	0.144593	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	62.30
64.00 INTRAVENOUS THERAPY	536,544	1,560,751	0.343773	64.00
65.00 RESPIRATORY THERAPY	1,649,348	4,094,452	0.402825	65.00
65.98 HYPERBARIC OXYGEN THERAPY	147,549	450,642	0.327420	65.98
66.00 PHYSICAL THERAPY	3,253,501	6,079,637	0.535147	66.00
68.00 SPEECH PATHOLOGY	145,914	114,858	1.270386	68.00
69.00 ELECTROCARDIOLOGY	1,677,673	11,098,981	0.151156	69.00
70.01 NEUROLOGY	702,027	2,899,529	0.242118	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	71.00
73.00 DRUGS CHARGED TO PATIENTS	8,863,228	27,601,319	0.321116	73.00
76.97 CARDIAC REHABILITATION	0	0	0.000000	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	76.98
76.99 LI THOTRIpsy	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	393,492	630,465	0.624130	90.00
90.01 DIABETES EDUCATION	54,661	13,982	3.909383	90.01
90.02 PSYCH SERVICES	1,539,523	2,097,535	0.733968	90.02
90.04 ANTI COAGULATION CLINIC	164,807	69,840	2.359779	90.04
91.00 EMERGENCY	5,157,274	18,628,393	0.276850	91.00
91.01 RURAL HEALTH CLINICS	0	0	0.000000	91.01
92.00 OBSERVATION BEDS	1,247,596	2,529,050	0.493306	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10 CORF	0	0	0.000000	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0.000000	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000	99.40
200.00 Subtotal (sum of lines 50 thru 199)	52,280,053	0		200.00
201.00 Less Observation Beds	1,247,596	0		201.00
202.00 Total (line 200 minus line 201)	51,032,457	227,850,605		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140034		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/23/2012 9:35 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	844,851	0	844,851	21,818	38.72	30.00
31.00	INTENSIVE CARE UNIT	252,189		252,189	2,735	92.21	31.00
40.00	SUBPROVIDER - IPF	84,021	0	84,021	2,701	31.11	40.00
43.00	NURSERY	107,165		107,165	597	179.51	43.00
200.00	Total (lines 30-199)	1,288,226		1,288,226	27,851		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140034		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/23/2012 9:35 am	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XVIII	Hospital	PPS	
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,129	547,075				30.00
31.00	INTENSIVE CARE UNIT	1,894	174,646				31.00
40.00	SUBPROVIDER - IPF	739	22,990				40.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	16,762	744,711				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140034

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

Worksheet D
Part II
Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description		Title XVII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,219,227	30,734,894	0.039669	7,838,127	310,931	50.00
52.00	DELIVERY ROOM & LABOR ROOM	101,439	3,075,323	0.032985	8,023	265	52.00
53.00	ANESTHESIOLOGY	99,727	3,909,492	0.025509	723,284	18,450	53.00
54.00	RADIOLOGY-DIAGNOSTIC	491,738	19,258,463	0.025534	2,563,999	65,469	54.00
54.01	CARDIAC REHABILITATION	2,698	195,216	0.013821	392	5	54.01
56.01	NUCLEAR MEDICINE	19,513	5,802,427	0.003363	553,451	1,861	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	76,306	37,195,032	0.002052	6,759,742	13,871	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	29,394	6,181,587	0.004755	575,890	2,738	58.00
59.00	CARDIAC CATHETERIZATION	94,588	5,638,394	0.016776	2,664,972	44,708	59.00
60.00	LABORATORY	195,881	37,990,343	0.005156	11,045,272	56,949	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	INTRAVENOUS THERAPY	16,400	1,560,751	0.010508	13,496	142	64.00
65.00	RESPIRATORY THERAPY	108,424	4,094,452	0.026481	2,394,047	63,397	65.00
65.98	HYPERBARIC OXYGEN THERAPY	9,074	450,642	0.020136	0	0	65.98
66.00	PHYSICAL THERAPY	190,103	6,079,637	0.031269	547,124	17,108	66.00
68.00	SPEECH PATHOLOGY	9,326	114,858	0.081196	42,410	3,444	68.00
69.00	ELECTROCARDIOLOGY	175,786	11,098,981	0.015838	4,002,723	63,395	69.00
70.01	NEUROLOGY	50,831	2,899,529	0.017531	179,493	3,147	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	342,663	27,601,319	0.012415	9,027,090	112,071	73.00
76.97	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	13,924	630,465	0.022085	1,183	26	90.00
90.01	DIABETES EDUCATION	1,007	13,982	0.072021	0	0	90.01
90.02	PSYCH SERVICES	95,632	2,097,535	0.045593	0	0	90.02
90.04	ANTI COAGULATION CLINIC	2,665	69,840	0.038159	285	11	90.04
91.00	EMERGENCY	153,107	18,628,393	0.008219	2,879,657	23,668	91.00
91.01	RURAL HEALTH CLINICS	0	0	0.000000	0	0	91.01
92.00	OBSERVATION BEDS	63,621	2,529,050	0.025156	57,646	1,450	92.00
200.00	Total (lines 50-199)	3,563,074	227,850,605		51,878,306	803,106	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140034		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/23/2012 9:35 am	
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
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/23/2012 9:35 am
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Title XVIII		Inpatient Program Pass-Through Cost (col. 7 x col. 8)	Hospital	PPS
			Inpatient Program Days				
	6.00	7.00	8.00		9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	21,818	0.00	14,129	0		30.00
31.00	INTENSIVE CARE UNIT	2,735	0.00	1,894	0		31.00
40.00	SUBPROVIDER - IPF	2,701	0.00	739	0		40.00
43.00	NURSERY	597	0.00	0	0		43.00
200.00	Total (lines 30-199)	27,851		16,762	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/23/2012 9:35 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	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	
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 CARDIAC REHABILITATION	0	0	0	0	0	0	54.01	
56.01 NUCLEAR MEDICINE	0	0	0	0	0	0	56.01	
57.00 COMPUTED TOMOGRAPHY (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	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30	
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00	
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	65.98	
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
70.01 NEUROLOGY	0	0	0	0	0	0	70.01	
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	0	71.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98	
76.99 LI THOTRI PSY	0	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00 CLINIC	0	0	0	0	0	0	90.00	
90.01 DIABETES EDUCATION	0	0	0	0	0	0	90.01	
90.02 PSYCH SERVICES	0	0	0	0	0	0	90.02	
90.04 ANTI COAGULATION CLINIC	0	0	0	0	0	0	90.04	
91.00 EMERGENCY	0	0	0	0	0	0	91.00	
91.01 RURAL HEALTH CLINICS	0	0	0	0	0	0	91.01	
92.00 OBSERVATION BEDS	0	0	0	0	0	0	92.00	
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: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/23/2012 9:35 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	30,734,894	0.000000	0.000000	7,838,127	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,075,323	0.000000	0.000000	8,023	52.00
53.00	ANESTHESIOLOGY	0	3,909,492	0.000000	0.000000	723,284	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	19,258,463	0.000000	0.000000	2,563,999	54.00
54.01	CARDIAC REHABILITATION	0	195,216	0.000000	0.000000	392	54.01
56.01	NUCLEAR MEDICINE	0	5,802,427	0.000000	0.000000	553,451	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	37,195,032	0.000000	0.000000	6,759,742	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	6,181,587	0.000000	0.000000	575,890	58.00
59.00	CARDIAC CATHETERIZATION	0	5,638,394	0.000000	0.000000	2,664,972	59.00
60.00	LABORATORY	0	37,990,343	0.000000	0.000000	11,045,272	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
64.00	INTRAVENOUS THERAPY	0	1,560,751	0.000000	0.000000	13,496	64.00
65.00	RESPIRATORY THERAPY	0	4,094,452	0.000000	0.000000	2,394,047	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	450,642	0.000000	0.000000	0	65.98
66.00	PHYSICAL THERAPY	0	6,079,637	0.000000	0.000000	547,124	66.00
68.00	SPEECH PATHOLOGY	0	114,858	0.000000	0.000000	42,410	68.00
69.00	ELECTROCARDIOLOGY	0	11,098,981	0.000000	0.000000	4,002,723	69.00
70.01	NEUROLOGY	0	2,899,529	0.000000	0.000000	179,493	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0.000000	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	0	27,601,319	0.000000	0.000000	9,027,090	73.00
76.97	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	630,465	0.000000	0.000000	1,183	90.00
90.01	DIABETES EDUCATION	0	13,982	0.000000	0.000000	0	90.01
90.02	PSYCH SERVICES	0	2,097,535	0.000000	0.000000	0	90.02
90.04	ANTI COAGULATION CLINIC	0	69,840	0.000000	0.000000	285	90.04
91.00	EMERGENCY	0	18,628,393	0.000000	0.000000	2,879,657	91.00
91.01	RURAL HEALTH CLINICS	0	0	0.000000	0.000000	0	91.01
92.00	OBSERVATION BEDS	0	2,529,050	0.000000	0.000000	57,646	92.00
200.00	Total (lines 50-199)	0	227,850,605			51,878,306	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140034

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	4,744,497	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	9,584	0	52.00
53.00	ANESTHESIOLOGY	0	435,643	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	5,280,882	0	54.00
54.01	CARDIAC REHABILITATION	0	129,360	0	54.01
56.01	NUCLEAR MEDICINE	0	2,255,592	0	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	8,499,381	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,860,845	0	58.00
59.00	CARDIAC CATHETERIZATION	0	1,038,914	0	59.00
60.00	LABORATORY	0	578,903	0	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	0	984,690	0	64.00
65.00	RESPIRATORY THERAPY	0	301,157	0	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	448,354	0	65.98
66.00	PHYSICAL THERAPY	0	0	0	66.00
68.00	SPEECH PATHOLOGY	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	2,350,449	0	69.00
70.01	NEUROLOGY	0	795,875	0	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	0	8,484,535	0	73.00
76.97	CARDIAC REHABILITATION	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0	206,251	0	90.00
90.01	DIABETES EDUCATION	0	23	0	90.01
90.02	PSYCH SERVICES	0	330,203	0	90.02
90.04	ANTI COAGULATION CLINIC	0	0	0	90.04
91.00	EMERGENCY	0	2,563,306	0	91.00
91.01	RURAL HEALTH CLINICS	0	0	0	91.01
92.00	OBSERVATION BEDS	0	576,614	0	92.00
200.00	Total (Lines 50-199)	0	41,875,058	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/23/2012 9:35 am
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services 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	0.376552	4,744,497	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.373351	9,584	0	0	52.00
53.00	ANESTHESIOLOGY	0.122896	435,643	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.207569	5,280,882	0	0	54.00
54.01	CARDIAC REHABILITATION	0.973522	129,360	0	0	54.01
56.01	NUCLEAR MEDICINE	0.187138	2,255,592	0	0	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0.023164	8,499,381	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.058112	1,860,845	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.276267	1,038,914	0	0	59.00
60.00	LABORATORY	0.144593	578,903	0	0	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	0.343773	984,690	0	0	64.00
65.00	RESPIRATORY THERAPY	0.402825	301,157	0	0	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0.327420	448,354	0	0	65.98
66.00	PHYSICAL THERAPY	0.535147	0	0	0	66.00
68.00	SPEECH PATHOLOGY	1.270386	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.151156	2,350,449	0	0	69.00
70.01	NEUROLOGY	0.242118	795,875	0	0	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	0.321116	8,484,535	0	46,053	73.00
76.97	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.624130	206,251	0	0	90.00
90.01	DIABETES EDUCATION	3.909383	23	0	0	90.01
90.02	PSYCH SERVICES	0.733968	330,203	0	0	90.02
90.04	ANTI COAGULATION CLINIC	2.359779	0	0	0	90.04
91.00	EMERGENCY	0.276850	2,563,306	0	0	91.00
91.01	RURAL HEALTH CLINICS	0.000000	0	0	0	91.01
92.00	OBSERVATION BEDS	0.493306	576,614	0	0	92.00
200.00	Subtotal (see instructions)		41,875,058	0	46,053	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		41,875,058	0	46,053	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/23/2012 9:35 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	1,786,550	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	3,578	0	0		52.00
53.00 ANESTHESIOLOGY	53,539	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,096,147	0	0		54.00
54.01 CARDIAC REHABILITATION	125,935	0	0		54.01
56.01 NUCLEAR MEDICINE	422,107	0	0		56.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	196,880	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	108,137	0	0		58.00
59.00 CARDIAC CATHETERIZATION	287,018	0	0		59.00
60.00 LABORATORY	83,705	0	0		60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
64.00 INTRAVENOUS THERAPY	338,510	0	0		64.00
65.00 RESPIRATORY THERAPY	121,314	0	0		65.00
65.98 HYPERBARIC OXYGEN THERAPY	146,800	0	0		65.98
66.00 PHYSICAL THERAPY	0	0	0		66.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	355,284	0	0		69.00
70.01 NEUROLOGY	192,696	0	0		70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0		71.00
73.00 DRUGS CHARGED TO PATIENTS	2,724,520	0	14,788		73.00
76.97 CARDIAC REHABILITATION	0	0	0		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99 LI THOTRIPSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	128,727	0	0		90.00
90.01 DIABETES EDUCATION	90	0	0		90.01
90.02 PSYCH SERVICES	242,358	0	0		90.02
90.04 ANTI COAGULATION CLINIC	0	0	0		90.04
91.00 EMERGENCY	709,651	0	0		91.00
91.01 RURAL HEALTH CLINICS	0	0	0		91.01
92.00 OBSERVATION BEDS	284,447	0	0		92.00
200.00 Subtotal (see instructions)	9,407,993	0	14,788		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	9,407,993	0	14,788		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/23/2012 9:35 am
		Component CCN: 14S034	Title XVIII	Subprovider - IPF

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,219,227	30,734,894	0.039669	6,688	265	50.00
52.00 DELIVERY ROOM & LABOR ROOM	101,439	3,075,323	0.032985	0	0	52.00
53.00 ANESTHESIOLOGY	99,727	3,909,492	0.025509	22,302	569	53.00
54.00 RADIOLOGY-DIAGNOSTIC	491,738	19,258,463	0.025534	8,693	222	54.00
54.01 CARDIAC REHABILITATION	2,698	195,216	0.013821	0	0	54.01
56.01 NUCLEAR MEDICINE	19,513	5,802,427	0.003363	0	0	56.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	76,306	37,195,032	0.002052	24,034	49	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	29,394	6,181,587	0.004755	2,695	13	58.00
59.00 CARDIAC CATHETERIZATION	94,588	5,638,394	0.016776	0	0	59.00
60.00 LABORATORY	195,881	37,990,343	0.005156	164,424	848	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00 INTRAVENOUS THERAPY	16,400	1,560,751	0.010508	0	0	64.00
65.00 RESPIRATORY THERAPY	108,424	4,094,452	0.026481	3,869	102	65.00
65.98 HYPERBARIC OXYGEN THERAPY	9,074	450,642	0.020136	0	0	65.98
66.00 PHYSICAL THERAPY	190,103	6,079,637	0.031269	0	0	66.00
68.00 SPEECH PATHOLOGY	9,326	114,858	0.081196	0	0	68.00
69.00 ELECTROCARDIOLOGY	175,786	11,098,981	0.015838	6,606	105	69.00
70.01 NEUROLOGY	50,831	2,899,529	0.017531	552	10	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	342,663	27,601,319	0.012415	54,068	671	73.00
76.97 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	13,924	630,465	0.022085	0	0	90.00
90.01 DIABETES EDUCATION	1,007	13,982	0.072021	0	0	90.01
90.02 PSYCH SERVICES	95,632	2,097,535	0.045593	110	5	90.02
90.04 ANTI COAGULATION CLINIC	2,665	69,840	0.038159	0	0	90.04
91.00 EMERGENCY	153,107	18,628,393	0.008219	67,536	555	91.00
91.01 RURAL HEALTH CLINICS	0	0	0.000000	0	0	91.01
92.00 OBSERVATION BEDS	63,621	2,529,050	0.025156	0	0	92.00
200.00 Total (Lines 50-199)	3,563,074	227,850,605		361,577	3,414	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034 Component CCN: 14S034	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/23/2012 9:35 am
	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
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 CARDIAC REHABILITATION	0	0	0	0	0	54.01
56.01 NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00 COMPUTED TOMOGRAPHY (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
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	65.98
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01 NEUROLOGY	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETES EDUCATION	0	0	0	0	0	90.01
90.02 PSYCH SERVICES	0	0	0	0	0	90.02
90.04 ANTI COAGULATION CLINIC	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	91.00
91.01 RURAL HEALTH CLINICS	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034 Component CCN: 14S034	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/23/2012 9:35 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	30,734,894	0.000000	0.000000	6,688	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,075,323	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	3,909,492	0.000000	0.000000	22,302	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	19,258,463	0.000000	0.000000	8,693	54.00
54.01 CARDIAC REHABILITATION	0	195,216	0.000000	0.000000	0	54.01
56.01 NUCLEAR MEDICINE	0	5,802,427	0.000000	0.000000	0	56.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	0	37,195,032	0.000000	0.000000	24,034	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	6,181,587	0.000000	0.000000	2,695	58.00
59.00 CARDIAC CATHETERIZATION	0	5,638,394	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	37,990,343	0.000000	0.000000	164,424	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
64.00 INTRAVENOUS THERAPY	0	1,560,751	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	4,094,452	0.000000	0.000000	3,869	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	450,642	0.000000	0.000000	0	65.98
66.00 PHYSICAL THERAPY	0	6,079,637	0.000000	0.000000	0	66.00
68.00 SPEECH PATHOLOGY	0	114,858	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	11,098,981	0.000000	0.000000	6,606	69.00
70.01 NEUROLOGY	0	2,899,529	0.000000	0.000000	552	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0.000000	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	0	27,601,319	0.000000	0.000000	54,068	73.00
76.97 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	630,465	0.000000	0.000000	0	90.00
90.01 DIABETES EDUCATION	0	13,982	0.000000	0.000000	0	90.01
90.02 PSYCH SERVICES	0	2,097,535	0.000000	0.000000	110	90.02
90.04 ANTI COAGULATION CLINIC	0	69,840	0.000000	0.000000	0	90.04
91.00 EMERGENCY	0	18,628,393	0.000000	0.000000	67,536	91.00
91.01 RURAL HEALTH CLINICS	0	0	0.000000	0.000000	0	91.01
92.00 OBSERVATION BEDS	0	2,529,050	0.000000	0.000000	0	92.00
200.00 Total (Lines 50-199)	0	227,850,605			361,577	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034 Component CCN: 14S034	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/23/2012 9:35 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
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 CARDIAC REHABILITATION	0	0	0	54.01
56.01 NUCLEAR MEDICINE	0	0	0	56.01
57.00 COMPUTED TOMOGRAPHY (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
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0	65.98
66.00 PHYSICAL THERAPY	0	0	0	66.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.01 NEUROLOGY	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.97 CARDIAC REHABILITATION	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 LI THOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
90.01 DIABETES EDUCATION	0	0	0	90.01
90.02 PSYCH SERVICES	0	0	0	90.02
90.04 ANTI COAGULATION CLINIC	0	0	0	90.04
91.00 EMERGENCY	0	0	0	91.00
91.01 RURAL HEALTH CLINICS	0	0	0	91.01
92.00 OBSERVATION BEDS	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/23/2012 9:35 am
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Cost Center Description	Title XIX			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	844,851	0	844,851	21,818	38.72	30.00
31.00 INTENSIVE CARE UNIT	252,189		252,189	2,735	92.21	31.00
40.00 SUBPROVIDER - IPF	84,021	0	84,021	2,701	31.11	40.00
43.00 NURSERY	107,165		107,165	597	179.51	43.00
200.00 Total (lines 30-199)	1,288,226		1,288,226	27,851		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140034		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/23/2012 9:35 am	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XIX	Hospital	PPS	
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,994	115,928				30.00
31.00	INTENSIVE CARE UNIT	335	30,890				31.00
40.00	SUBPROVIDER - IPF	880	27,377				40.00
43.00	NURSERY	523	93,884				43.00
200.00	Total (lines 30-199)	4,732	268,079				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140034

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

Worksheet D
Part II
Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,219,227	30,734,894	0.039669	1,944,510	77,137	50.00
52.00	DELIVERY ROOM & LABOR ROOM	101,439	3,075,323	0.032985	1,381,942	45,583	52.00
53.00	ANESTHESIOLOGY	99,727	3,909,492	0.025509	592,545	15,115	53.00
54.00	RADIOLOGY-DIAGNOSTIC	491,738	19,258,463	0.025534	590,426	15,076	54.00
54.01	CARDIAC REHABILITATION	2,698	195,216	0.013821	0	0	54.01
56.01	NUCLEAR MEDICINE	19,513	5,802,427	0.003363	136,833	460	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	76,306	37,195,032	0.002052	1,598,521	3,280	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	29,394	6,181,587	0.004755	104,466	497	58.00
59.00	CARDIAC CATHETERIZATION	94,588	5,638,394	0.016776	224,750	3,770	59.00
60.00	LABORATORY	195,881	37,990,343	0.005156	2,328,183	12,004	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	INTRAVENOUS THERAPY	16,400	1,560,751	0.010508	470	5	64.00
65.00	RESPIRATORY THERAPY	108,424	4,094,452	0.026481	508,985	13,478	65.00
65.98	HYPERBARIC OXYGEN THERAPY	9,074	450,642	0.020136	0	0	65.98
66.00	PHYSICAL THERAPY	190,103	6,079,637	0.031269	34,363	1,074	66.00
68.00	SPEECH PATHOLOGY	9,326	114,858	0.081196	2,887	234	68.00
69.00	ELECTROCARDIOLOGY	175,786	11,098,981	0.015838	595,541	9,432	69.00
70.01	NEUROLOGY	50,831	2,899,529	0.017531	28,554	501	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	342,663	27,601,319	0.012415	2,304,739	28,613	73.00
76.97	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	13,924	630,465	0.022085	0	0	90.00
90.01	DIABETES EDUCATION	1,007	13,982	0.072021	0	0	90.01
90.02	PSYCH SERVICES	95,632	2,097,535	0.045593	0	0	90.02
90.04	ANTI COAGULATION CLINIC	2,665	69,840	0.038159	0	0	90.04
91.00	EMERGENCY	153,107	18,628,393	0.008219	782,972	6,435	91.00
91.01	RURAL HEALTH CLINICS	0	0	0.000000	0	0	91.01
92.00	OBSERVATION BEDS	63,621	2,529,050	0.025156	0	0	92.00
200.00	Total (lines 50-199)	3,563,074	227,850,605		13,160,687	232,694	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140034		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/23/2012 9:35 am	
Cost Center Description		Title XIX		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	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
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/23/2012 9:35 am
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Title XIX		Hospital	PPS
			Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
	6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	21,818	0.00	2,994	0		30.00
31.00 INTENSIVE CARE UNIT	2,735	0.00	335	0		31.00
40.00 SUBPROVIDER - IPF	2,701	0.00	880	0		40.00
43.00 NURSERY	597	0.00	523	0		43.00
200.00 Total (lines 30-199)	27,851		4,732	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/23/2012 9:35 am
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	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	
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 CARDIAC REHABILITATION	0	0	0	0	0	0	54.01	
56.01 NUCLEAR MEDICINE	0	0	0	0	0	0	56.01	
57.00 COMPUTED TOMOGRAPHY (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	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30	
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00	
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	65.98	
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
70.01 NEUROLOGY	0	0	0	0	0	0	70.01	
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	0	71.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98	
76.99 LI THOTRI PSY	0	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00 CLINIC	0	0	0	0	0	0	90.00	
90.01 DIABETES EDUCATION	0	0	0	0	0	0	90.01	
90.02 PSYCH SERVICES	0	0	0	0	0	0	90.02	
90.04 ANTI COAGULATION CLINIC	0	0	0	0	0	0	90.04	
91.00 EMERGENCY	0	0	0	0	0	0	91.00	
91.01 RURAL HEALTH CLINICS	0	0	0	0	0	0	91.01	
92.00 OBSERVATION BEDS	0	0	0	0	0	0	92.00	
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: 140034

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description		Title XIX			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	30,734,894	0.000000	0.000000	1,944,510	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,075,323	0.000000	0.000000	1,381,942	52.00
53.00	ANESTHESIOLOGY	0	3,909,492	0.000000	0.000000	592,545	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	19,258,463	0.000000	0.000000	590,426	54.00
54.01	CARDIAC REHABILITATION	0	195,216	0.000000	0.000000	0	54.01
56.01	NUCLEAR MEDICINE	0	5,802,427	0.000000	0.000000	136,833	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	37,195,032	0.000000	0.000000	1,598,521	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	6,181,587	0.000000	0.000000	104,466	58.00
59.00	CARDIAC CATHETERIZATION	0	5,638,394	0.000000	0.000000	224,750	59.00
60.00	LABORATORY	0	37,990,343	0.000000	0.000000	2,328,183	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
64.00	INTRAVENOUS THERAPY	0	1,560,751	0.000000	0.000000	470	64.00
65.00	RESPIRATORY THERAPY	0	4,094,452	0.000000	0.000000	508,985	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	450,642	0.000000	0.000000	0	65.98
66.00	PHYSICAL THERAPY	0	6,079,637	0.000000	0.000000	34,363	66.00
68.00	SPEECH PATHOLOGY	0	114,858	0.000000	0.000000	2,887	68.00
69.00	ELECTROCARDIOLOGY	0	11,098,981	0.000000	0.000000	595,541	69.00
70.01	NEUROLOGY	0	2,899,529	0.000000	0.000000	28,554	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0.000000	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	0	27,601,319	0.000000	0.000000	2,304,739	73.00
76.97	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	630,465	0.000000	0.000000	0	90.00
90.01	DIABETES EDUCATION	0	13,982	0.000000	0.000000	0	90.01
90.02	PSYCH SERVICES	0	2,097,535	0.000000	0.000000	0	90.02
90.04	ANTI COAGULATION CLINIC	0	69,840	0.000000	0.000000	0	90.04
91.00	EMERGENCY	0	18,628,393	0.000000	0.000000	782,972	91.00
91.01	RURAL HEALTH CLINICS	0	0	0.000000	0.000000	0	91.01
92.00	OBSERVATION BEDS	0	2,529,050	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	227,850,605			13,160,687	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140034

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2012 9:35 am

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)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	OPERATING ROOM	0	0	0		50.00
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	CARDIAC REHABILITATION	0	0	0		54.01
56.01	NUCLEAR MEDICINE	0	0	0		56.01
57.00	COMPUTED TOMOGRAPHY (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
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
64.00	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0	0		65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0		65.98
66.00	PHYSICAL THERAPY	0	0	0		66.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
70.01	NEUROLOGY	0	0	0		70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0		71.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.97	CARDIAC REHABILITATION	0	0	0		76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0		90.00
90.01	DIABETES EDUCATION	0	0	0		90.01
90.02	PSYCH SERVICES	0	0	0		90.02
90.04	ANTI COAGULATION CLINIC	0	0	0		90.04
91.00	EMERGENCY	0	0	0		91.00
91.01	RURAL HEALTH CLINICS	0	0	0		91.01
92.00	OBSERVATION BEDS	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/23/2012 9:35 am
		Component CCN: 14S034	Title XIX	Subprovider - IPF

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,219,227	30,734,894	0.039669	17,365	689	50.00
52.00 DELIVERY ROOM & LABOR ROOM	101,439	3,075,323	0.032985	8,103	267	52.00
53.00 ANESTHESIOLOGY	99,727	3,909,492	0.025509	7,324	187	53.00
54.00 RADIOLOGY-DIAGNOSTIC	491,738	19,258,463	0.025534	9,079	232	54.00
54.01 CARDIAC REHABILITATION	2,698	195,216	0.013821	0	0	54.01
56.01 NUCLEAR MEDICINE	19,513	5,802,427	0.003363	0	0	56.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	76,306	37,195,032	0.002052	16,744	34	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	29,394	6,181,587	0.004755	0	0	58.00
59.00 CARDIAC CATHETERIZATION	94,588	5,638,394	0.016776	0	0	59.00
60.00 LABORATORY	195,881	37,990,343	0.005156	277,131	1,429	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00 INTRAVENOUS THERAPY	16,400	1,560,751	0.010508	0	0	64.00
65.00 RESPIRATORY THERAPY	108,424	4,094,452	0.026481	4,997	132	65.00
65.98 HYPERBARIC OXYGEN THERAPY	9,074	450,642	0.020136	0	0	65.98
66.00 PHYSICAL THERAPY	190,103	6,079,637	0.031269	572	18	66.00
68.00 SPEECH PATHOLOGY	9,326	114,858	0.081196	0	0	68.00
69.00 ELECTROCARDIOLOGY	175,786	11,098,981	0.015838	10,638	168	69.00
70.01 NEUROLOGY	50,831	2,899,529	0.017531	2,766	48	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	342,663	27,601,319	0.012415	57,360	712	73.00
76.97 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	13,924	630,465	0.022085	0	0	90.00
90.01 DIABETES EDUCATION	1,007	13,982	0.072021	0	0	90.01
90.02 PSYCH SERVICES	95,632	2,097,535	0.045593	903	41	90.02
90.04 ANTI COAGULATION CLINIC	2,665	69,840	0.038159	0	0	90.04
91.00 EMERGENCY	153,107	18,628,393	0.008219	142,552	1,172	91.00
91.01 RURAL HEALTH CLINICS	0	0	0.000000	0	0	91.01
92.00 OBSERVATION BEDS	63,621	2,529,050	0.025156	0	0	92.00
200.00 Total (Lines 50-199)	3,563,074	227,850,605		555,534	5,129	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034 Component CCN: 14S034	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/23/2012 9:35 am
	Title XIX	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
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 CARDIAC REHABILITATION	0	0	0	0	0	54.01
56.01 NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00 COMPUTED TOMOGRAPHY (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
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	65.98
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01 NEUROLOGY	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETES EDUCATION	0	0	0	0	0	90.01
90.02 PSYCH SERVICES	0	0	0	0	0	90.02
90.04 ANTI COAGULATION CLINIC	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	91.00
91.01 RURAL HEALTH CLINICS	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034 Component CCN: 14S034	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/23/2012 9:35 am
Title XIX		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	30,734,894	0.000000	0.000000	17,365	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,075,323	0.000000	0.000000	8,103	52.00
53.00 ANESTHESIOLOGY	0	3,909,492	0.000000	0.000000	7,324	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	19,258,463	0.000000	0.000000	9,079	54.00
54.01 CARDIAC REHABILITATION	0	195,216	0.000000	0.000000	0	54.01
56.01 NUCLEAR MEDICINE	0	5,802,427	0.000000	0.000000	0	56.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	0	37,195,032	0.000000	0.000000	16,744	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	6,181,587	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	5,638,394	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	37,990,343	0.000000	0.000000	277,131	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
64.00 INTRAVENOUS THERAPY	0	1,560,751	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	4,094,452	0.000000	0.000000	4,997	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	450,642	0.000000	0.000000	0	65.98
66.00 PHYSICAL THERAPY	0	6,079,637	0.000000	0.000000	572	66.00
68.00 SPEECH PATHOLOGY	0	114,858	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	11,098,981	0.000000	0.000000	10,638	69.00
70.01 NEUROLOGY	0	2,899,529	0.000000	0.000000	2,766	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0.000000	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	0	27,601,319	0.000000	0.000000	57,360	73.00
76.97 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	630,465	0.000000	0.000000	0	90.00
90.01 DIABETES EDUCATION	0	13,982	0.000000	0.000000	0	90.01
90.02 PSYCH SERVICES	0	2,097,535	0.000000	0.000000	903	90.02
90.04 ANTI COAGULATION CLINIC	0	69,840	0.000000	0.000000	0	90.04
91.00 EMERGENCY	0	18,628,393	0.000000	0.000000	142,552	91.00
91.01 RURAL HEALTH CLINICS	0	0	0.000000	0.000000	0	91.01
92.00 OBSERVATION BEDS	0	2,529,050	0.000000	0.000000	0	92.00
200.00 Total (Lines 50-199)	0	227,850,605			555,534	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034 Component CCN: 14S034	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/23/2012 9:35 am
Title XIX		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
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 CARDIAC REHABILITATION	0	0	0	54.01
56.01 NUCLEAR MEDICINE	0	0	0	56.01
57.00 COMPUTED TOMOGRAPHY (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
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0	65.98
66.00 PHYSICAL THERAPY	0	0	0	66.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.01 NEUROLOGY	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.97 CARDIAC REHABILITATION	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 LI THOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
90.01 DIABETES EDUCATION	0	0	0	90.01
90.02 PSYCH SERVICES	0	0	0	90.02
90.04 ANTI COAGULATION CLINIC	0	0	0	90.04
91.00 EMERGENCY	0	0	0	91.00
91.01 RURAL HEALTH CLINICS	0	0	0	91.01
92.00 OBSERVATION BEDS	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/23/2012 9:35 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,818	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,818	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		16,560	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,258	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)		14,129	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)		16,567,275	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)		16,567,275	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		12,252,559	28.00
29.00	Private room charges (excluding swing-bed charges)		9,480,029	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,772,530	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.352148	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		572.47	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		527.30	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		45.17	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		61.08	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		1,011,485	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		15,555,790	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)		759.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,728,715	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		10,728,715	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,986,070	2,735	1,823.06	1,894	3,452,876	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)					11,924,898	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,106,489	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)					721,721	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					803,106	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,524,827	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,581,662	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,643	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					759.34	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,247,596	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/23/2012 9:35 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	844,851	16,567,275	0.050995	1,247,596	63,621	90.00
91.00	Nursing School cost	0	16,567,275	0.000000	1,247,596	0	91.00
92.00	Allied health cost	0	16,567,275	0.000000	1,247,596	0	92.00
93.00	All other Medical Education	0	16,567,275	0.000000	1,247,596	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14S034		Date/Time Prepared: 5/23/2012 9:35 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,701	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,701	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,701	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)		739	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)		2,070,979	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)		2,070,979	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		1,494,880	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,494,880	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.385381	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)		553.45	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)		2,070,979	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)		766.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		566,628	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		566,628	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14S034				Date/Time Prepared: 5/23/2012 9:35 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	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)					70,594		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					637,222		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)					22,990		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,414		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					26,404		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					610,818		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: 140034 Component CCN: 14S034		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/23/2012 9:35 am	
		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	84,021	2,070,979	0.040571	0	0	90.00
91.00	Nursing School cost	0	2,070,979	0.000000	0	0	91.00
92.00	Allied health cost	0	2,070,979	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,070,979	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/23/2012 9:35 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,818	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,818	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		16,560	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,258	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)		2,994	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)		597	15.00
16.00	Nursery days (title V or XIX only)		523	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)		16,567,275	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)		16,567,275	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		12,252,559	28.00
29.00	Private room charges (excluding swing-bed charges)		9,480,029	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,772,530	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.352148	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		572.47	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		527.30	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		45.17	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		61.08	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		1,011,485	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		15,555,790	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)		759.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,273,464	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)		2,273,464	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/23/2012 9:35 am		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	1,373,592	597	2,300.82	523	1,203,329	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,986,070	2,735	1,823.06	335	610,725	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)					3,201,414	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,288,932	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)					240,702	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					232,694	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					473,396	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,815,536	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,643	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					759.34	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,247,596	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/23/2012 9:35 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	844,851	16,567,275	0.050995	1,247,596	63,621	90.00
91.00	Nursing School cost	0	16,567,275	0.000000	1,247,596	0	91.00
92.00	Allied health cost	0	16,567,275	0.000000	1,247,596	0	92.00
93.00	All other Medical Education	0	16,567,275	0.000000	1,247,596	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14S034		Date/Time Prepared: 5/23/2012 9:35 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,701	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,701	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,701	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)		880	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)		597	15.00
16.00	Nursery days (title V or XIX only)		523	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)		2,070,979	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)		2,070,979	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		1,494,880	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,494,880	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.385381	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)		553.45	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)		2,070,979	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)		766.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		674,740	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)		674,740	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14S034				Date/Time Prepared: 5/23/2012 9:35 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	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)					116,066		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					790,806		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)					27,377		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,129		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					32,506		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					758,300		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: 140034	Period: From 01/01/2011	Worksheet D-1
		Component CCN: 14S034	To 12/31/2011	Date/Time Prepared: 5/23/2012 9:35 am
Title XIX			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	84,021	2,070,979	0.040571	0	0	90.00
91.00 Nursing School cost	0	2,070,979	0.000000	0	0	91.00
92.00 Allied health cost	0	2,070,979	0.000000	0	0	92.00
93.00 All other Medical Education	0	2,070,979	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/23/2012 9:35 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		8,292,205		30.00
31.00	INTENSIVE CARE UNIT		2,088,082		31.00
40.00	SUBPROVIDER - IPF		0		40.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.377474	7,838,127	2,958,689	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.373351	8,023	2,995	52.00
53.00	ANESTHESIOLOGY	0.131069	723,284	94,800	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.207927	2,563,999	533,125	54.00
54.01	CARDIAC REHABILITATION	1.025730	392	402	54.01
56.01	NUCLEAR MEDICINE	0.187138	553,451	103,572	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0.023164	6,759,742	156,583	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.058112	575,890	33,466	58.00
59.00	CARDIAC CATHETERIZATION	0.278709	2,664,972	742,752	59.00
60.00	LABORATORY	0.144593	11,045,272	1,597,069	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
64.00	INTRAVENOUS THERAPY	0.343773	13,496	4,640	64.00
65.00	RESPIRATORY THERAPY	0.405069	2,394,047	969,754	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0.327420	0	0	65.98
66.00	PHYSICAL THERAPY	0.535952	547,124	293,232	66.00
68.00	SPEECH PATHOLOGY	1.270386	42,410	53,877	68.00
69.00	ELECTROCARDIOLOGY	0.152475	4,002,723	610,315	69.00
70.01	NEUROLOGY	0.244002	179,493	43,797	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	0.321116	9,027,090	2,898,743	73.00
76.97	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.629267	1,183	744	90.00
90.01	DIABETES EDUCATION	3.909383	0	0	90.01
90.02	PSYCH SERVICES	0.737241	0	0	90.02
90.04	ANTI COAGULATION CLINIC	2.359779	285	673	90.04
91.00	EMERGENCY	0.276850	2,879,657	797,233	91.00
91.01	RURAL HEALTH CLINICS	0.000000	0	0	91.01
92.00	OBSERVATION BEDS	0.493306	57,646	28,437	92.00
200.00	Total (sum of lines 50-94 and 96-98)		51,878,306	11,924,898	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)		51,878,306		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3
		Component CCN: 14S034		Date/Time Prepared: 5/23/2012 9:35 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
40.00	SUBPROVIDER - IPF		401,785	40.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.377474	6,688	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.373351	0	52.00
53.00	ANESTHESIOLOGY	0.131069	22,302	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.207927	8,693	54.00
54.01	CARDIAC REHABILITATION	1.025730	0	54.01
56.01	NUCLEAR MEDICINE	0.187138	0	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0.023164	24,034	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.058112	2,695	58.00
59.00	CARDIAC CATHETERIZATION	0.278709	0	59.00
60.00	LABORATORY	0.144593	164,424	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
64.00	INTRAVENOUS THERAPY	0.343773	0	64.00
65.00	RESPIRATORY THERAPY	0.405069	3,869	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0.327420	0	65.98
66.00	PHYSICAL THERAPY	0.535952	0	66.00
68.00	SPEECH PATHOLOGY	1.270386	0	68.00
69.00	ELECTROCARDIOLOGY	0.152475	6,606	69.00
70.01	NEUROLOGY	0.244002	552	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	0.321116	54,068	73.00
76.97	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.629267	0	90.00
90.01	DIABETES EDUCATION	3.909383	0	90.01
90.02	PSYCH SERVICES	0.737241	110	90.02
90.04	ANTI COAGULATION CLINIC	2.359779	0	90.04
91.00	EMERGENCY	0.276850	67,536	91.00
91.01	RURAL HEALTH CLINICS	0.000000	0	91.01
92.00	OBSERVATION BEDS	0.493306	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		361,577	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)		361,577	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/23/2012 9:35 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		1,882,690		30.00
31.00	INTENSIVE CARE UNIT		365,941		31.00
40.00	SUBPROVIDER - IPF		0		40.00
43.00	NURSERY		298,818		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.377474	1,944,510	734,002	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.373351	1,381,942	515,949	52.00
53.00	ANESTHESIOLOGY	0.131069	592,545	77,664	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.207927	590,426	122,766	54.00
54.01	CARDIAC REHABILITATION	1.025730	0	0	54.01
56.01	NUCLEAR MEDICINE	0.187138	136,833	25,607	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0.023164	1,598,521	37,028	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.058112	104,466	6,071	58.00
59.00	CARDIAC CATHETERIZATION	0.278709	224,750	62,640	59.00
60.00	LABORATORY	0.144593	2,328,183	336,639	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
64.00	INTRAVENOUS THERAPY	0.343773	470	162	64.00
65.00	RESPIRATORY THERAPY	0.405069	508,985	206,174	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0.327420	0	0	65.98
66.00	PHYSICAL THERAPY	0.535952	34,363	18,417	66.00
68.00	SPEECH PATHOLOGY	1.270386	2,887	3,668	68.00
69.00	ELECTROCARDIOLOGY	0.152475	595,541	90,805	69.00
70.01	NEUROLOGY	0.244002	28,554	6,967	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	0.321116	2,304,739	740,089	73.00
76.97	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.629267	0	0	90.00
90.01	DIABETES EDUCATION	3.909383	0	0	90.01
90.02	PSYCH SERVICES	0.737241	0	0	90.02
90.04	ANTI COAGULATION CLINIC	2.359779	0	0	90.04
91.00	EMERGENCY	0.276850	782,972	216,766	91.00
91.01	RURAL HEALTH CLINICS	0.000000	0	0	91.01
92.00	OBSERVATION BEDS	0.493306	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		13,160,687	3,201,414	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)		13,160,687		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14S034		Date/Time Prepared: 5/23/2012 9:35 am	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		470,587		40.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.377474	17,365	6,555	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.373351	8,103	3,025	52.00
53.00	ANESTHESIOLOGY	0.131069	7,324	960	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.207927	9,079	1,888	54.00
54.01	CARDIAC REHABILITATION	1.025730	0	0	54.01
56.01	NUCLEAR MEDICINE	0.187138	0	0	56.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0.023164	16,744	388	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.058112	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.278709	0	0	59.00
60.00	LABORATORY	0.144593	277,131	40,071	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
64.00	INTRAVENOUS THERAPY	0.343773	0	0	64.00
65.00	RESPIRATORY THERAPY	0.405069	4,997	2,024	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0.327420	0	0	65.98
66.00	PHYSICAL THERAPY	0.535952	572	307	66.00
68.00	SPEECH PATHOLOGY	1.270386	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.152475	10,638	1,622	69.00
70.01	NEUROLOGY	0.244002	2,766	675	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	0.321116	57,360	18,419	73.00
76.97	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.629267	0	0	90.00
90.01	DIABETES EDUCATION	3.909383	0	0	90.01
90.02	PSYCH SERVICES	0.737241	903	666	90.02
90.04	ANTI COAGULATION CLINIC	2.359779	0	0	90.04
91.00	EMERGENCY	0.276850	142,552	39,466	91.00
91.01	RURAL HEALTH CLINICS	0.000000	0	0	91.01
92.00	OBSERVATION BEDS	0.493306	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		555,534	116,066	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)		555,534		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/23/2012 9:35 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		19,275,335	1.00
2.00	Outlier payments for discharges. (see instructions)		305,524	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)		90.33	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)		5.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		18.03	31.00
32.00	Sum of lines 30 and 31		23.03	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.21	33.00
34.00	Disproportionate share adjustment (see instructions)		1,582,505	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		21,163,364	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		23,446,574	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		22,875,772	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,573,099	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/23/2012 9:35 am
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			24,448,871 59.00
60.00	Primary payer payments			26,505 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			24,422,366 61.00
62.00	Deductibles billed to program beneficiaries			2,375,760 62.00
63.00	Coinsurance billed to program beneficiaries			101,031 63.00
64.00	Allowable bad debts (see instructions)			950,980 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			665,686 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			800,939 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			22,611,261 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)			22,611,261 71.00
72.00	Interim payments			22,405,028 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)			206,233 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			50,000 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/23/2012 9:35 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		14,788	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,407,993	2.00
3.00	PPS payments		8,638,387	3.00
4.00	Outlier payment (see instructions)		36,737	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.863	5.00
6.00	Line 2 times line 5		8,119,098	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)		14,788	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		46,053	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)		46,053	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)		46,053	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		31,265	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)		14,788	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)		8,675,124	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)		1,978,131	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)		6,711,781	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)		6,711,781	30.00
31.00	Primary payer payments		1,767	31.00
32.00	Subtotal (line 30 minus line 31)		6,710,014	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)		555,385	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		388,770	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		458,968	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,098,784	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-92	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)		7,098,876	40.00
41.00	Interim payments		7,074,400	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)		24,476	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: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/23/2012 9:35 am
		Component CCN: 14S034	Title VIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140034

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2012 9:35 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		22,297,793		7,059,030	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	08/08/2011	107,235	08/08/2011	15,370	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)		107,235		15,370	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)		22,405,028		7,074,400	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		206,233		24,476	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		22,611,261		7,098,876	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part I Date/Time Prepared: 5/23/2012 9:35 am	
		Component CCN: 14S034	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		481,942		0
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
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0
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)		481,942		0
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0
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)				0
6.01	SETTLEMENT TO PROVIDER		59,516		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		541,458		0
				Contractor Number	Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/23/2012 9:35 am
		Title XVIII	Hospital	PPS
				1.00
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			5,637 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			16,023 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			98 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			22,910 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			244,947,412 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			10,557,593 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/23/2012 9:35 am
		Component CCN: 14S034	Title XVIIII	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)		597,551	1.00
2.00	Net IPF PPS Outlier Payments		4,627	2.00
3.00	Net IPF PPS ECT Payments		1,011	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)		7.400000	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		603,189	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)		603,189	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		603,189	18.00
19.00	Deductibles		119,832	19.00
20.00	Subtotal (line 18 minus line 19)		483,357	20.00
21.00	Coinsurance		1,415	21.00
22.00	Subtotal (line 20 minus line 21)		481,942	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		85,023	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		59,516	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		77,056	25.00
26.00	Subtotal (sum of lines 22 and 24)		541,458	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)		541,458	31.00
32.00	Interim payments		481,942	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)		59,516	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: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/23/2012 9:35 am
		Title XIX	Hospital	PPS
		1.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		13,160,687	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)		13,160,687	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)		13,160,687	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		13,160,687	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	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)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140034 Component CCN: 14S034	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/23/2012 9:35 am
		Title XIX	Subprovider - IPF	PPS
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		555,534	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)		555,534	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)		555,534	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		555,534	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 140034

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

Worksheet G

Date/Time Prepared:
5/23/2012 9:35 am

		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	-2,245,106	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	22,358,578	0	0	0	4.00
5.00	Other receivable	1,178,876	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-2,047,000	0	0	0	6.00
7.00	Inventory	1,675,826	0	0	0	7.00
8.00	Prepaid expenses	1,849,174	0	0	0	8.00
9.00	Other current assets	2,467,656	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	25,238,004	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,259,000	0	0	0	12.00
13.00	Land improvements	667,527	0	0	0	13.00
14.00	Accumulated depreciation	-559,001	0	0	0	14.00
15.00	Buildings	25,383,788	0	0	0	15.00
16.00	Accumulated depreciation	-5,511,925	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	1,180,806	0	0	0	19.00
20.00	Accumulated depreciation	-297,300	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	14,386,078	0	0	0	23.00
24.00	Accumulated depreciation	-7,763,476	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	28,745,497	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	7,780,083	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,780,083	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	61,763,584	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,402,465	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,170,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	7,540,520	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	13,112,985	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	9,395,000	0	0	0	46.00
47.00	Notes payable	38,649,152	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	6,858,057	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	54,902,209	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	68,015,194	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-6,251,610				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-6,251,610	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	61,763,584	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140034

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

Worksheet G-1

Date/Time Prepared:
5/23/2012 9:35 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		-2,619,492	
2.00	Net income (loss) (From Wkst. G-3, line 29)		2,976,436			2.00
3.00	Total (sum of line 1 and line 2)		356,944		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		356,944		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	TRANSFERS	6,608,554		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)		6,608,554		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-6,251,610		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140034

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

Worksheet G-1

Date/Time Prepared:
5/23/2012 9:35 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140034

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

Worksheet G-2 Parts

Date/Time Prepared:
5/23/2012 9:35 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	18,112,396		18,112,396	1.00
2.00	SUBPROVIDER - IPF	1,581,477		1,581,477	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	19,693,873		19,693,873	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,037,464		3,037,464	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)	3,037,464		3,037,464	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	22,731,337		22,731,337	17.00
18.00	Ancillary services	83,543,341	126,288,475	209,831,816	18.00
19.00	Outpatient services	5,319,188	18,941,467	24,260,655	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	3,469,115	3,469,115	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	111,593,866	148,699,057	260,292,923	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		106,159,924		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		106,159,924		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140034

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

Worksheet G-3

Date/Time Prepared:
5/23/2012 9:35 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	260,292,923	1.00
2.00	Less contractual allowances and discounts on patients' accounts	154,766,497	2.00
3.00	Net patient revenues (line 1 minus line 2)	105,526,426	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	106,159,924	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-633,498	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	394,594	7.00
8.00	Revenues from telephone and telegraph service	10	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	5,745	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	365,089	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	88,968	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	11,159	21.00
22.00	Rental of hospital space	175,000	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	2,569,369	24.00
25.00	Total other income (sum of lines 6-24)	3,609,934	25.00
26.00	Total (line 5 plus line 25)	2,976,436	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)	2,976,436	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140034	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/23/2012 9:35 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,551,616	1.00
2.00	Capital DRG outlier payments		21,483	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		63.74	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,573,099	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