

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: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/18/2012 2:01 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/18/2012 Time: 2:01 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 04 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GOOD SAMARITAN REGIONAL HEALTH CTR. 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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-400,917	32,284	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	1,617	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-399,300	32,284	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: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/18/2012 1:59 pm			
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 605 NORTH 12TH STREET		PO Box:				1.00		
2.00	City: MT. VERNON		State: IL		Zip Code: 62864-		County: JEFFERSON		
		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		GOOD SAMARITAN REGIONAL HEALTH CTR.		140046	99914	1	07/01/1966	N P P
4.00	Subprovider - IPF								
5.00	Subprovider - IRF		GOOD SAMARITAN REHABILITATION UNIT		14T046	99914	5	01/01/1990	N P P
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF							N	N N
8.00	Swing Beds - NF							N	N N
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) 1								
17.10	Hospital-Based (CORF) 1							N	N N
17.20	Hospital-Based (OPT) 1							N	N N
17.30	Hospital-Based (OOT) 1							N	N N
17.40	Hospital-Based (OSP) 1							N	N N
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011	
21.00	Type of Control (see instructions)						1		
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	
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	
				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.				3,921	200	0	0	0
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.				38	0	0	0	0
							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		
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		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/18/2012 1:59 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	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	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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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.				N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0		71.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/18/2012 1:59 pm	
			1.00	2.00	3.00
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)		N	0	76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
<b>Title V or XIX Inpatient Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	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
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	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	109.00
			1.00		2.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		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	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		N		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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			1.00	2.00					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y	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: 12312 OLIVE BOUEVARD, SUITE 600		PO Box:		Zip Code: 63141			142.00	
143.00	City: ST. LOUIS		State: MO					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: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/18/2012 1:59 pm
			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: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/18/2012 1:59 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			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	Type	Date	
		1.00	2.00	3.00	
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	Legal Oper.		
		1.00	2.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			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: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/18/2012 1:59 pm
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		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		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
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		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
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00

		Part B		
		Y/N	Date	
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: 140046

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	119	42,161	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)		119	42,161	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		131	46,541	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	13	4,745			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)		144				27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF	41.00					28.02
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140046

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	12,783	2,565	19,997		1.00
2.00 HMO		351	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		12	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	12,783	2,565	19,997		7.00
8.00 INTENSIVE CARE UNIT	0	1,879	404	3,113		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		813	1,379		13.00
14.00 Total (see instructions)	0	14,662	3,782	24,489		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	1,212	38	1,448		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		157	673		28.00
28.02 SUBPROVIDER - IRF				0		28.02
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				303		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			339	587		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140046

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	3,269	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	847.60	0.00	0	3,269	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	12.20	0.00	0	119	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	859.80	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140046

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/18/2012 1:59 pm

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)	1,037	6,238		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)	1,037	6,238		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	2	143		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
28.02 SUBPROVIDER - IRF				28.02
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part II Date/Time Prepared: 5/18/2012 1:59 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	42,126,193	0	42,126,193	1,788,722.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		684,596	0	684,596	4,227.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,716,926	-237,189	2,479,737	46,651.00	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		197,463	0	197,463	2,846.00	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		714,171	0	714,171	1,289.00	13.00
14.00	Home office salaries & wage-related costs		5,116,976	0	5,116,976	98,250.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		19,062,618	0	19,062,618		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		1,436,872	0	1,436,872		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		53,949	0	53,949		22.00
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	469,606	237,189	706,795	39,316.00	26.00
27.00	Administrative & General	5.00	5,876,204	109,532	5,985,736	255,389.00	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	919,386	-420,251	499,135	26,009.00	29.00
30.00	Operation of Plant	7.00	0	420,251	420,251	21,898.00	30.00
31.00	Laundry & Linen Service	8.00	82,202	0	82,202	6,915.00	31.00
32.00	Housekeeping	9.00	845,843	0	845,843	69,759.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	1,175,815	-690,750	485,065	36,626.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	690,750	690,750	51,205.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	912,304	0	912,304	32,504.00	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	894,473	0	894,473	53,660.00	41.00
42.00	Social Service	17.00	359,333	0	359,333	16,105.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/18/2012 1:59 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	23.55	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	161.96	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	53.16	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	69.38	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	554.05	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
<b>WAGE-RELATED COSTS</b>			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	17.98	26.00
27.00	Administrative & General	23.44	27.00
28.00	Administrative & General under contract (see inst.)	200.00	28.00
29.00	Maintenance & Repairs	19.19	29.00
30.00	Operation of Plant	19.19	30.00
31.00	Laundry & Linen Service	11.89	31.00
32.00	Housekeeping	12.13	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	13.24	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	13.49	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	28.07	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	16.67	41.00
42.00	Social Service	22.31	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140046

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/18/2012 1:59 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	42,326,193	0	42,326,193	1,789,722.00	1.00
2.00	Excluded area salaries (see instructions)	2,716,926	-237,189	2,479,737	46,651.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	39,609,267	237,189	39,846,456	1,743,071.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,028,610	0	6,028,610	102,385.00	4.00
5.00	Subtotal wage-related costs (see inst.)	19,116,567	0	19,116,567	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	64,754,444	237,189	64,991,633	1,845,456.00	6.00
7.00	Total overhead cost (see instructions)	11,735,166	346,721	12,081,887	610,386.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140046

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/18/2012 1:59 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>			
1.00	Net salaries (see instructions)	23.65	1.00
2.00	Excluded area salaries (see instructions)	53.16	2.00
3.00	Subtotal salaries (line 1 minus line 2)	22.86	3.00
4.00	Subtotal other wages & related costs (see inst.)	58.88	4.00
5.00	Subtotal wage-related costs (see inst.)	47.98	5.00
6.00	Total (sum of lines 3 thru 5)	35.22	6.00
7.00	Total overhead cost (see instructions)	19.79	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/18/2012 1:59 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	221,225	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	2,214,633	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	12,100,049	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	254,118	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	95,241	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	8,637	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	141,690	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,229,979	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	2,343,616	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	70,066	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	203,462	22.00
23.00	Tuition Reimbursement	179,902	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,062,618	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COST	319,156	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 5/18/2012 1:59 pm
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Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	197,463	0	1.00
2.00	Hospital	197,463	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
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: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/18/2012 1:59 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.295829		1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		11,163,417		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		53,068,264		6.00	
7.00	Medicaid cost (line 1 times line 6)		15,699,131		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)		4,535,714		8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
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	
<b>Uncompensated care (see instructions for each line)</b>						
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)		4,535,714		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		9,238,262	1,089,774	10,328,036	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,732,946	322,387	3,055,333	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)		2,732,946	322,387	3,055,333	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)		8,379,859			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		826,284			27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		7,553,575			28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,234,567			29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		5,289,900			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,825,614			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140046

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

Worksheet A  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT		3,408,577	3,408,577	205,329	3,613,906	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		3,084,886	3,084,886	163,038	3,247,924	2.00
3.00 OTHER CAPITAL RELATED COSTS		62,197	62,197	-62,197	0	3.00
4.00 EMPLOYEE BENEFITS	469,606	19,342,607	19,812,213	240,776	20,052,989	4.00
5.04 ADMINISTRATION	991,150	121,854	1,113,004	0	1,113,004	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	642,487	339,538	982,025	0	982,025	5.05
5.06 ADMINISTRATIVE & GENERAL	4,242,567	22,375,586	26,618,153	-123,174	26,494,979	5.06
6.00 MAINTENANCE & REPAIRS	919,386	2,119,505	3,038,891	-1,724,590	1,314,301	6.00
6.01 BIOMEDICAL SERVICES	0	1,041,587	1,041,587	0	1,041,587	6.01
7.00 OPERATION OF PLANT	0	0	0	1,724,590	1,724,590	7.00
8.00 LAUNDRY & LINEN SERVICE	82,202	474,470	556,672	0	556,672	8.00
9.00 HOUSEKEEPING	845,843	350,025	1,195,868	-113,960	1,081,908	9.00
10.00 DIETARY	1,175,815	730,859	1,906,674	-1,151,883	754,791	10.00
11.00 CAFETERIA	0	0	0	1,175,252	1,175,252	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	912,304	41,861	954,165	0	954,165	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	894,473	386,596	1,281,069	0	1,281,069	16.00
17.00 SOCIAL SERVICE	359,333	12,241	371,574	0	371,574	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	9,143,786	1,192,018	10,335,804	-1,149,558	9,186,246	30.00
31.00 INTENSIVE CARE UNIT	2,391,461	406,160	2,797,621	61,049	2,858,670	31.00
41.00 SUBPROVIDER - IRF	729,657	21,161	750,818	0	750,818	41.00
43.00 NURSERY	0	0	0	724,265	724,265	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	4,605,505	9,105,267	13,710,772	76,703	13,787,475	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	608,442	608,442	52.00
53.00 ANESTHESIOLOGY	0	1,087,706	1,087,706	0	1,087,706	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,824,367	798,530	2,622,897	14,088	2,636,985	54.00
54.01 CARDIAC REHABILITATION	0	0	0	0	0	54.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	266,477	92,792	359,269	0	359,269	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	254,066	71,112	325,178	0	325,178	58.00
59.00 CARDIAC CATHETERIZATION	685,256	2,689,757	3,375,013	64,180	3,439,193	59.00
60.00 LABORATORY	1,579,998	3,304,615	4,884,613	0	4,884,613	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	220,532	39,654	260,186	0	260,186	64.00
65.00 RESPIRATORY THERAPY	903,754	180,717	1,084,471	1,565	1,086,036	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	65.98
66.00 PHYSICAL THERAPY	726,403	102,759	829,162	0	829,162	66.00
67.00 OCCUPATIONAL THERAPY	357,546	7,809	365,355	0	365,355	67.00
68.00 SPEECH PATHOLOGY	197,312	4,779	202,091	0	202,091	68.00
69.00 ELECTROCARDIOLOGY	648,128	472,840	1,120,968	0	1,120,968	69.00
70.01 NEUROLOGY	50,443	16,904	67,347	0	67,347	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	173,934	305,329	479,263	-469,770	9,493	71.00
73.00 DRUGS CHARGED TO PATIENTS	1,335,085	4,638,088	5,973,173	0	5,973,173	73.00
76.00 ACUTE DIALYSIS	0	460,932	460,932	0	460,932	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	144,731	49,871	194,602	0	194,602	90.00
90.01 DIABETES EDUCATION	31,798	1,763	33,561	0	33,561	90.01
90.04 ANTI COAGULATION CLINIC	74,027	502	74,529	0	74,529	90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.05
91.00 EMERGENCY	2,259,492	338,313	2,597,805	0	2,597,805	91.00
92.00 OBSERVATION BEDS	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	40,138,924	79,281,767	119,420,691	264,145	119,684,836	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,640,774	763,997	2,404,771	0	2,404,771	192.00
192.08 FOUNDATION	0	0	0	0	0	192.08
193.06 OUTSIDE ACCOUNTING	0	0	0	0	0	193.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet A Date/Time Prepared: 5/18/2012 1:59 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)			
	1.00	2.00	3.00	4.00	5.00			
194.00 CHILD CARE	346,495	28,609	375,104	-264,145	110,959			194.00
200.00 TOTAL (SUM OF LINES 118-199)	42,126,193	80,074,373	122,200,566	0	122,200,566			200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140046

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

Worksheet A  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	-2,020,891	1,593,015	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	487,008	3,734,932	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-6,683,014	13,369,975	4.00
5.04	ADMINISTRATIVE	0	1,113,004	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	-25	982,000	5.05
5.06	ADMINISTRATIVE & GENERAL	-15,907,335	10,587,644	5.06
6.00	MAINTENANCE & REPAIRS	-99,851	1,214,450	6.00
6.01	BIOMEDICAL SERVICES	0	1,041,587	6.01
7.00	OPERATION OF PLANT	0	1,724,590	7.00
8.00	LAUNDRY & LINEN SERVICE	-8,425	548,247	8.00
9.00	HOUSEKEEPING	-903	1,081,005	9.00
10.00	DIETARY	-384	754,407	10.00
11.00	CAFETERIA	-414,693	760,559	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	-3,701	950,464	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	PHARMACY	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	-10,007	1,271,062	16.00
17.00	SOCIAL SERVICE	0	371,574	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-92,988	9,093,258	30.00
31.00	INTENSIVE CARE UNIT	-11,242	2,847,428	31.00
41.00	SUBPROVIDER - IRF	0	750,818	41.00
43.00	NURSERY	-352	723,913	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-2,809	13,784,666	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	608,442	52.00
53.00	ANESTHESIOLOGY	-655,294	432,412	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-24,825	2,612,160	54.00
54.01	CARDIAC REHABILITATION	0	0	54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	359,269	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	-200	324,978	58.00
59.00	CARDIAC CATHETERIZATION	-352	3,438,841	59.00
60.00	LABORATORY	-3,212	4,881,401	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	INTRAVENOUS THERAPY	0	260,186	64.00
65.00	RESPIRATORY THERAPY	-18,216	1,067,820	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	65.98
66.00	PHYSICAL THERAPY	-330	828,832	66.00
67.00	OCCUPATIONAL THERAPY	-312	365,043	67.00
68.00	SPEECH PATHOLOGY	-98	201,993	68.00
69.00	ELECTROCARDIOLOGY	-403,750	717,218	69.00
70.01	NEUROLOGY	-13,654	53,693	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	-9,493	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	-10,716	5,962,457	73.00
76.00	ACUTE DIALYSIS	0	460,932	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	0	194,602	90.00
90.01	DIABETES EDUCATION	0	33,561	90.01
90.04	ANTI COAGULATION CLINIC	0	74,529	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	90.05
91.00	EMERGENCY	-97,738	2,500,067	91.00
92.00	OBSERVATION BEDS			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
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
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-26,007,802	93,677,034	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	2,404,771	192.00
192.08	FOUNDATION	0	0	192.08
193.06	OUTSIDE ACCOUNTING	0	0	193.06
194.00	CHILD CARE	0	110,959	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-26,007,802	96,192,764	200.00

RECLASSIFICATIONS

Provider CCN: 140046

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

Worksheet A-6

Date/Time Prepared:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - OBSTETRICS UNIT COST</b>					
1.00	NURSERY	43.00	608,013	113,810	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	512,509	95,933	2.00
	TOTALS		1,120,522	209,743	
<b>B - PLANT OPERATIONS</b>					
1.00	OPERATION OF PLANT	7.00	420,251	1,304,339	1.00
	TOTALS		420,251	1,304,339	
<b>C - MATERIALS MANAGEMENT</b>					
1.00	ADMINISTRATIVE & GENERAL	5.06	99,677	0	1.00
2.00	OPERATING ROOM	50.00	31,557	45,146	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	5,796	8,292	3.00
4.00	RESPIRATORY THERAPY	65.00	644	921	4.00
5.00	CARDIAC CATHETERIZATION	59.00	26,405	37,775	5.00
	TOTALS		164,079	92,134	
<b>D - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	157,958	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	148,212	2.00
	TOTALS		0	306,170	
<b>E - SHARED DIETARY COST</b>					
1.00	CAFETERIA	11.00	690,750	484,502	1.00
	TOTALS		690,750	484,502	
<b>F - MAILROOM COST</b>					
1.00	ADMINISTRATIVE & GENERAL	5.06	9,855	770	1.00
	TOTALS		9,855	770	
<b>G - CHILD CARE DIETARY</b>					
1.00	DIETARY	10.00	0	23,369	1.00
	TOTALS		0	23,369	
<b>H - EMPLOYEE CHILD CARE</b>					
1.00	EMPLOYEE BENEFITS	4.00	237,189	3,587	1.00
	TOTALS		237,189	3,587	
<b>I - IV PUMP EXPENSE</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	180,707	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	61,049	2.00
3.00	NURSERY	43.00	0	2,442	3.00
	TOTALS		0	244,198	
<b>J - INVENTORY COST</b>					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	41,266	1.00
	TOTALS		0	41,266	
<b>K - DOCUMENT SHREDDING COST</b>					
1.00	ADMINISTRATIVE & GENERAL	5.06	0	113,960	1.00
	TOTALS		0	113,960	
500.00	Grand Total: Increases		2,642,646	2,824,038	500.00

Provider CCN: 140046

Period:  
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To 12/31/2011

Worksheet A-6  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - OBSTETRICS UNIT COST</b>							
1.00	ADULTS & PEDIATRICS	30.00	608,013	113,810	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	512,509	95,933	0		2.00
	TOTALS		1,120,522	209,743			
<b>B - PLANT OPERATIONS</b>							
1.00	MAINTENANCE & REPAIRS	6.00	420,251	1,304,339	0		1.00
	TOTALS		420,251	1,304,339			
<b>C - MATERIALS MANAGEMENT</b>							
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	164,079	92,134	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		164,079	92,134			
<b>D - INTEREST EXPENSE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.06	0	306,170	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	306,170			
<b>E - SHARED DIETARY COST</b>							
1.00	DIETARY	10.00	690,750	484,502	0		1.00
	TOTALS		690,750	484,502			
<b>F - MAILROOM COST</b>							
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	9,855	770	0		1.00
	TOTALS		9,855	770			
<b>G - CHILD CARE DIETARY</b>							
1.00	CHILD CARE	194.00	0	23,369	0		1.00
	TOTALS		0	23,369			
<b>H - EMPLOYEE CHILD CARE</b>							
1.00	CHILD CARE	194.00	237,189	3,587	0		1.00
	TOTALS		237,189	3,587			
<b>I - IV PUMP EXPENSE</b>							
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	244,198	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	244,198			
<b>J - INVENTORY COST</b>							
1.00	ADMINISTRATIVE & GENERAL	5.06	0	41,266	0		1.00
	TOTALS		0	41,266			
<b>K - DOCUMENT SHREDDING COST</b>							
1.00	HOUSEKEEPING	9.00	0	113,960	0		1.00
	TOTALS		0	113,960			
500.00	Grand Total: Decreases		2,642,646	2,824,038			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140046

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	864,622	0	0	0	1.00
2.00	Land Improvements	1,480,528	0	0	0	2.00
3.00	Buildings and Fixtures	18,421,562	1,026,478	0	1,026,478	3.00
4.00	Building Improvements	325,993	9,980	0	9,980	4.00
5.00	Fixed Equipment	39,703,177	76,075,929	0	76,075,929	5.00
6.00	Movable Equipment	42,720,602	2,529,830	0	2,529,830	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	103,516,484	79,642,217	0	79,642,217	8.00
9.00	Reconciling Items	0	76,039,777	0	76,039,777	9.00
10.00	Total (line 8 minus line 9)	103,516,484	3,602,440	0	3,602,440	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	CAP REL COSTS-BLDG & FIXT	3,408,577	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,084,886	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,493,463	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	135,548,385	0	135,548,385	0.761626	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	42,423,931	0	42,423,931	0.238374	2.00
3.00	Total (sum of lines 1-2)	177,972,316	0	177,972,316	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140046

Period:  
From 01/01/2011  
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	864,622	0		1.00	
2.00	Land Improvements	1,480,528	0		2.00	
3.00	Buildings and Fixtures	19,448,040	0		3.00	
4.00	Building Improvements	324,963	0		4.00	
5.00	Fixed Equipment	115,775,383	0		5.00	
6.00	Movable Equipment	42,423,930	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	180,317,466	0		8.00	
9.00	Reconciling Items	76,039,777	0		9.00	
10.00	Total (line 8 minus line 9)	104,277,689	0		10.00	
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	CAP REL COSTS-BLDG & FIXT	0	3,408,577		1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,084,886		2.00	
3.00	Total (sum of lines 1-2)	0	6,493,463		3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	0	47,371	47,371	1,545,644	0
2.00	CAP REL COSTS-MVBLE EQUIP	0	14,826	14,826	3,720,106	0
3.00	Total (sum of lines 1-2)	0	62,197	62,197	5,265,750	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140046

Period:  
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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	0	0	0	47,371	1,593,015	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,826	3,734,932	2.00
3.00	Total (sum of lines 1-2)	0	0	0	62,197	5,327,947	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140046

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)	A	-157,958	CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	A	-148,212	CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)	A	-288,104	ADMINISTRATIVE & GENERAL	5.06	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-9,493	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	7.00
8.00 Television and radio service (chapter 21)		0		0.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,545,257			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-6,821	RADIOLOGY-DIAGNOSTIC	54.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-9,214,260			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests	B	-400,591	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	B	-10,586	DRUGS CHARGED TO PATIENTS	73.00	17.00
18.00 Sale of medical records and abstracts	B	-9,899	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	-14,102	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		RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL 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	B	-1,944,038	CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	B	-374,879	CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00 Physicians' assistant				0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00	32.00
33.00 EDUCATION FEES	B	-80	EMPLOYEE BENEFITS	4.00	33.00
33.01 FILM FEES	B	-25	CASHIERING/ACCOUNTS RECEIVABLE	5.05	33.01
33.02 MANAGEMENT FEES	B	-56,211	ADMINISTRATIVE & GENERAL	5.06	33.02
34.00 ACCOUNTING FEES	B	-4,800	ADMINISTRATIVE & GENERAL	5.06	34.00
35.00 MISC. REVENUE	B	-18	ADMINISTRATIVE & GENERAL	5.06	35.00
36.00 RENT REVENUE	B	-99,580	MAINTENANCE & REPAIRS	6.00	36.00
37.00 LAUNDRY REVENUE	B	-8,425	LAUNDRY & LINEN SERVICE	8.00	37.00
38.00 VENDING COMMISSIONS AND RECYCLING	B	-236	HOUSEKEEPING	9.00	38.00
39.00 DIETARY BILLINGS	B	-347	DIETARY	10.00	39.00
40.00 BABY PORTRAITS	B	-352	NURSERY	43.00	40.00
40.01 INVENTORY ADJUSTMENT	B	750	OPERATING ROOM	50.00	40.01
41.00 RADIOLOGY REVENUE	B	-4,509	RADIOLOGY-DIAGNOSTIC	54.00	41.00
41.01 CARDIAC EXERCISE	B	-6,812	ELECTROCARDIOLOGY	69.00	41.01
42.00 MANAGEMENT FEE	B	-8,443	NEUROLOGY	70.01	42.00
43.00 EMS REVENUE	B	-1,050	EMERGENCY	91.00	43.00
44.00 EXCESS PENSION EXPENSE	A	-1,633,500	EMPLOYEE BENEFITS	4.00	44.00
45.00 RENTAL INCOME	B	-8,267	ADMINISTRATIVE & GENERAL	5.06	45.00
45.01 PATIENT TELEPHONE COST	A	-38,484	ADMINISTRATIVE & GENERAL	5.06	45.01
45.02 PATIENT TELEPHONE DEPRECIATION	A	-4,457	CAP REL COSTS-MVBLE EQUIP	2.00	45.02
45.03 EMPLOYEE CHILD CARE	A	-207,060	EMPLOYEE BENEFITS	4.00	45.03
45.04 REAL ESTATE TAXES	A	-48	ADMINISTRATIVE & GENERAL	5.06	45.04

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 Period: From 01/01/2011 To 12/31/2011  
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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
45.05 ADVERTISING	A	-399,794	ADMINISTRATIVE & GENERAL	5.06 45.05
45.06 PHYSICIAN RECRUITMENT	A	-530,641	ADMINISTRATIVE & GENERAL	5.06 45.06
45.07 PHYSICIAN BENEFITS	A	-80,306	EMPLOYEE BENEFITS	4.00 45.07
45.08 AHA LOBBING PORTION OF DUES	A	-3,877	ADMINISTRATIVE & GENERAL	5.06 45.08
45.09 IHA LOBBING PORTION OF DUES	A	-28,000	ADMINISTRATIVE & GENERAL	5.06 45.09
45.10 GIFTS & ENTERTAINMENT	A	-30,086	EMPLOYEE BENEFITS	4.00 45.10
45.11 GIFTS & ENTERTAINMENT	A	-275,879	ADMINISTRATIVE & GENERAL	5.06 45.11
45.12 GIFTS & ENTERTAINMENT	A	-271	MAINTENANCE & REPAIRS	6.00 45.12
45.13 GIFTS & ENTERTAINMENT	A	-667	HOUSEKEEPING	9.00 45.13
45.14 GIFTS & ENTERTAINMENT	A	-37	DIETARY	10.00 45.14
45.15 GIFTS & ENTERTAINMENT	A	-3,701	NURSING ADMINISTRATION	13.00 45.15
45.16 GIFTS & ENTERTAINMENT	A	-108	MEDICAL RECORDS & LIBRARY	16.00 45.16
45.17 GIFTS & ENTERTAINMENT	A	-155	ADULTS & PEDIATRICS	30.00 45.17
45.18 GIFTS & ENTERTAINMENT	A	-310	INTENSIVE CARE UNIT	31.00 45.18
45.19 GIFTS & ENTERTAINMENT	A	-3,559	OPERATING ROOM	50.00 45.19
45.20 GIFTS & ENTERTAINMENT	A	-200	MAGNETIC RESONANCE IMAGING (MRI)	58.00 45.20
45.21 GIFTS & ENTERTAINMENT	A	-352	CARDIAC CATHETERIZATION	59.00 45.21
45.22 GIFTS & ENTERTAINMENT	A	-3,212	LABORATORY	60.00 45.22
45.23 GIFTS & ENTERTAINMENT	A	-330	PHYSICAL THERAPY	66.00 45.23
45.24 GIFTS & ENTERTAINMENT	A	-312	OCCUPATIONAL THERAPY	67.00 45.24
45.25 GIFTS & ENTERTAINMENT	A	-98	SPEECH PATHOLOGY	68.00 45.25
45.26 GIFTS & ENTERTAINMENT	A	-130	DRUGS CHARGED TO PATIENTS	73.00 45.26
45.27 GIFTS & ENTERTAINMENT	A	-201	EMERGENCY	91.00 45.27
45.28 EXCESS DEPRECIATION	A	-59,563	CAP REL COSTS-BLDG & FIXT	1.00 45.28
45.29 BAD DEBTS	A	-8,379,859	ADMINISTRATIVE & GENERAL	5.06 45.29
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-26,007,802		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140046

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

Worksheet A-8  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	11	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - 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	EDUCATION FEES	0	33.00
33.01	FILM FEES	0	33.01
33.02	MANAGEMENT FEES	0	33.02
34.00	ACCOUNTING FEES	0	34.00
35.00	MISC. REVENUE	0	35.00
36.00	RENT REVENUE	0	36.00
37.00	LAUNDRY REVENUE	0	37.00
38.00	VENDING COMMISSIONS AND RECYCLI	0	38.00
39.00	DIETARY BILLINGS	0	39.00
40.00	BABY PORTRAITS	0	40.00
40.01	INVENTORY ADJUSTMENET	0	40.01
41.00	RADIOLOGY REVENUE	0	41.00
41.01	CARDIAC EXCERCISE	0	41.01
42.00	MANAGEMENT FEE	0	42.00
43.00	EMS REVENUE	0	43.00
44.00	EXCESS PENSION EXPENSE	0	44.00
45.00	RENTAL INCOME	0	45.00
45.01	PATIENT TELEPHONE COST	0	45.01
45.02	PATIENT TELEPHONE DEPRECIATION	9	45.02
45.03	EMPLOYEE CHILD CARE	0	45.03
45.04	REAL ESTATE TAXES	0	45.04
45.05	ADVERTISING	0	45.05
45.06	PHYSICIAN RECRUITMENT	0	45.06
45.07	PHYSICIAN BENEFITS	0	45.07
45.08	AHA LOBBING PORTION OF DUES	0	45.08
45.09	IHA LOBBING PORTION OF DUES	0	45.09
45.10	GIFTS & ENTERTAINMENT	0	45.10
45.11	GIFTS & ENTERTAINMENT	0	45.11

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ADJUSTMENTS TO EXPENSES

Provider CCN: 140046

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

Worksheet A-8

Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.12	GI FTS & ENTERTAINMENT	0	45.12
45.13	GI FTS & ENTERTAINMENT	0	45.13
45.14	GI FTS & ENTERTAINMENT	0	45.14
45.15	GI FTS & ENTERTAINMENT	0	45.15
45.16	GI FTS & ENTERTAINMENT	0	45.16
45.17	GI FTS & ENTERTAINMENT	0	45.17
45.18	GI FTS & ENTERTAINMENT	0	45.18
45.19	GI FTS & ENTERTAINMENT	0	45.19
45.20	GI FTS & ENTERTAINMENT	0	45.20
45.21	GI FTS & ENTERTAINMENT	0	45.21
45.22	GI FTS & ENTERTAINMENT	0	45.22
45.23	GI FTS & ENTERTAINMENT	0	45.23
45.24	GI FTS & ENTERTAINMENT	0	45.24
45.25	GI FTS & ENTERTAINMENT	0	45.25
45.26	GI FTS & ENTERTAINMENT	0	45.26
45.27	GI FTS & ENTERTAINMENT	0	45.27
45.28	EXCESS DEPRECIATION	9	45.28
45.29	BAD DEBTS	0	45.29
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: 140046

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

Worksheet A-8-1

Date/Time Prepared:  
5/18/2012 1:59 pm

	Line No.	Cost Center	Expense Items		
	1.00	2.00	3.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00		5.06	ADMINISTRATIVE & GENERAL	CORPORATE FEES	1.00
2.00		5.06	ADMINISTRATIVE & GENERAL	DATA PROCESSING	2.00
3.00		1.00	CAP REL COSTS-BLDG & FIXT	DEPRECIATION	3.00
4.00		2.00	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	4.00
4.01		4.00	EMPLOYEE BENEFITS	FLEX BENEFITS	4.01
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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

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

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

Provider CCN: 140046

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

Worksheet A-8-1

Date/Time Prepared: 5/18/2012 1:59 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	494,065	1,359,492	-865,427	0	1.00
2.00	2,724,342	7,496,417	-4,772,075	0	2.00
3.00	140,668	0	140,668	9	3.00
4.00	1,014,556	0	1,014,556	9	4.00
4.01	5,855,863	10,587,845	-4,731,982	0	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	10,229,494	19,443,754	-9,214,260	5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140046

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

Worksheet A-8-2

Date/Time Prepared:  
5/18/2012 1:59 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.06	ADMINISTRATIVE & GENERAL	391,604	59,464	1.00
2.00	30.00	ADULTS & PEDIATRICS	92,833	92,833	2.00
3.00	31.00	INTENSIVE CARE UNIT	20,920	0	3.00
4.00	41.00	SUBPROVIDER - IRF	57,925	0	4.00
5.00	53.00	ANESTHESIOLOGY	700,390	600,000	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	28,350	0	6.00
7.00	60.00	LABORATORY	102,457	0	7.00
8.00	65.00	RESPIRATORY THERAPY	24,208	9,356	8.00
9.00	0.00		0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	406,080	387,980	10.00
12.00	70.01	NEUROLOGY	13,816	0	12.00
13.00	91.00	EMERGENCY	106,398	81,177	13.00
200.00			1,944,981	1,230,810	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140046

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

Worksheet A-8-2

Date/Time Prepared:  
5/18/2012 1:59 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	332,140	159,800	1,767	135,753	6,788	1.00
2.00	0	159,800	0	0	0	2.00
3.00	20,920	159,800	130	9,988	499	3.00
4.00	57,925	159,800	1,183	90,886	4,544	4.00
5.00	100,390	167,500	560	45,096	2,255	5.00
6.00	28,350	217,600	142	14,855	743	6.00
7.00	102,457	208,000	1,048	104,800	5,240	7.00
8.00	14,852	159,800	78	5,992	300	8.00
9.00	0	0	0	0	0	9.00
10.00	18,100	159,800	119	9,142	457	10.00
12.00	13,816	159,800	112	8,605	430	12.00
13.00	25,221	159,800	129	9,911	496	13.00
200.00	714,171		5,268	435,028	21,752	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140046

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

Worksheet A-8-2

Date/Time Prepared:  
5/18/2012 1:59 pm

	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	135,753	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	9,988	3.00
4.00	0	0	0	0	90,886	4.00
5.00	0	0	0	0	45,096	5.00
6.00	0	0	0	0	14,855	6.00
7.00	0	0	0	0	104,800	7.00
8.00	0	0	0	0	5,992	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	9,142	10.00
12.00	0	0	0	0	8,605	12.00
13.00	0	0	0	0	9,911	13.00
200.00	0	0	0	0	435,028	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140046

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

Worksheet A-8-2

Date/Time Prepared:  
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	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	196,387	255,851	1.00
2.00	0	92,833	2.00
3.00	10,932	10,932	3.00
4.00	0	0	4.00
5.00	55,294	655,294	5.00
6.00	13,495	13,495	6.00
7.00	0	0	7.00
8.00	8,860	18,216	8.00
9.00	0	0	9.00
10.00	8,958	396,938	10.00
12.00	5,211	5,211	12.00
13.00	15,310	96,487	13.00
200.00	314,447	1,545,257	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140046

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.04	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT	1,593,015	1,593,015				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	3,734,932		3,734,932			2.00
4.00 EMPLOYEE BENEFITS	13,369,975	40,002	325	13,410,302		4.00
5.04 ADMITTING	1,113,004	5,096	571	338,761	1,457,432	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	982,000	65,345	3,804	219,593	0	5.05
5.06 ADMINISTRATIVE & GENERAL	10,587,644	451,411	237,994	1,365,234	0	5.06
6.00 MAINTENANCE & REPAIRS	1,214,450	133,395	0	170,597	0	6.00
6.01 BIOMEDICAL SERVICES	1,041,587	3,052	0	0	0	6.01
7.00 OPERATION OF PLANT	1,724,590	0	543,686	143,636	0	7.00
8.00 LAUNDRY & LINEN SERVICE	548,247	6,391	0	28,095	0	8.00
9.00 HOUSEKEEPING	1,081,005	6,099	6,161	289,097	0	9.00
10.00 DIETARY	754,407	23,462	11,964	179,653	98	10.00
11.00 CAFETERIA	760,559	39,123	19,950	222,224	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	950,464	10,669	87,887	311,813	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	1,271,062	23,424	1,053	305,718	0	16.00
17.00 SOCIAL SERVICE	371,574	2,136	2,069	122,815	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	9,093,258	233,038	87,756	2,719,897	60,524	30.00
31.00 INTENSIVE CARE UNIT	2,847,428	37,042	48,857	810,218	17,628	31.00
41.00 SUBPROVIDER - IRF	750,818	39,687	1,532	229,589	3,593	41.00
43.00 NURSERY	723,913	5,134	17,363	207,810	3,371	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	13,784,666	138,030	841,794	1,584,883	320,458	50.00
52.00 DELIVERY ROOM & LABOR ROOM	608,442	9,720	21,531	175,168	27,555	52.00
53.00 ANESTHESIOLOGY	432,412	4,944	96,171	0	42,568	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,612,160	62,558	411,785	615,834	137,760	54.00
54.01 CARDIAC REHABILITATION	0	0	0	0	0	54.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	359,269	4,109	40,037	91,078	176,342	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	324,978	8,305	121,074	86,836	42,857	58.00
59.00 CARDIAC CATHETERIZATION	3,438,841	27,696	354,794	243,236	109,236	59.00
60.00 LABORATORY	4,881,401	36,429	180,960	540,021	206,876	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	260,186	10,837	4,883	75,375	6,488	64.00
65.00 RESPIRATORY THERAPY	1,067,820	11,422	58,926	304,034	14,936	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	65.98
66.00 PHYSICAL THERAPY	828,832	21,543	8,862	248,274	12,795	66.00
67.00 OCCUPATIONAL THERAPY	365,043	8,993	0	122,204	6,295	67.00
68.00 SPEECH PATHOLOGY	201,993	3,968	2,466	67,438	1,593	68.00
69.00 ELECTROCARDIOLOGY	717,218	20,659	84,954	209,474	45,183	69.00
70.01 NEUROLOGY	53,693	0	4,064	17,241	1,423	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	5,962,457	10,782	111,280	456,313	144,257	73.00
76.00 ACUTE DIALYSIS	460,932	6,554	0	0	2,172	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	194,602	1,160	0	49,467	1,274	90.00
90.01 DIABETES EDUCATION	33,561	0	0	10,868	141	90.01
90.04 ANTI COAGULATION CLINIC	74,529	0	0	25,301	0	90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.05
91.00 EMERGENCY	2,500,067	27,631	33,497	744,516	72,009	91.00
92.00 OBSERVATION BEDS	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	93,677,034	1,539,846	3,448,050	13,332,311	1,457,432	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,540	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	2,404,771	12,089	286,674	40,632	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140046

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.04	
192.08 FOUNDATION	0	0	0	0	0	192.08
193.06 OUTSIDE ACCOUNTING	0	0	0	0	0	193.06
194.00 CHILD CARE	110,959	37,540	208	37,359	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	96,192,764	1,593,015	3,734,932	13,410,302	1,457,432	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/18/2012 1:59 pm	
Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	
		5.05	5A.05	5.06	6.00	6.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	1,270,742					5.05
5.06	ADMINISTRATIVE & GENERAL	0	12,642,283	12,642,283			5.06
6.00	MAINTENANCE & REPAIRS	0	1,518,442	229,760	1,748,202		6.00
6.01	BIOMEDICAL SERVICES	0	1,044,639	158,067	0	1,202,706	6.01
7.00	OPERATION OF PLANT	0	2,411,912	364,954	368	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	582,733	88,175	10,111	0	8.00
9.00	HOUSEKEEPING	0	1,382,362	209,169	46,141	0	9.00
10.00	DIETARY	86	969,670	146,724	50,369	0	10.00
11.00	CAFETERIA	0	1,041,856	157,646	109,194	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	1,360,833	205,912	1,287	24,348	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	1,601,257	242,291	8,824	0	16.00
17.00	SOCIAL SERVICE	0	498,594	75,444	4,596	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	52,720	12,247,193	1,853,160	503,136	125,677	30.00
31.00	INTENSIVE CARE UNIT	15,355	3,776,528	571,438	95,590	37,954	31.00
41.00	SUBPROVIDER - IRF	3,129	1,028,348	155,602	42,464	4,297	41.00
43.00	NURSERY	2,936	960,527	145,340	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	279,243	16,949,074	2,564,624	188,423	288,594	50.00
52.00	DELIVERY ROOM & LABOR ROOM	24,002	866,418	131,100	0	2,148	52.00
53.00	ANESTHESIOLOGY	37,079	613,174	92,781	0	126,751	53.00
54.00	RADIOLOGY-DIAGNOSTIC	121,130	3,961,227	599,385	7,537	217,339	54.00
54.01	CARDIAC REHABILITATION	0	0	0	0	0	54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	153,603	824,438	124,748	93,017	21,125	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	37,331	621,381	94,023	26,471	23,990	58.00
59.00	CARDIAC CATHETERIZATION	95,150	4,268,953	645,948	50,369	105,984	59.00
60.00	LABORATORY	180,200	6,025,887	911,795	44,670	32,941	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	5,652	363,421	54,990	0	0	64.00
65.00	RESPIRATORY THERAPY	13,010	1,470,148	222,453	8,088	48,695	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	65.98
66.00	PHYSICAL THERAPY	11,145	1,131,451	171,203	0	14,322	66.00
67.00	OCCUPATIONAL THERAPY	5,483	508,018	76,870	3,860	2,506	67.00
68.00	SPEECH PATHOLOGY	1,388	278,846	42,193	4,228	716	68.00
69.00	ELECTROCARDIOLOGY	39,357	1,116,845	168,993	29,045	51,918	69.00
70.01	NEUROLOGY	1,239	77,660	11,751	184	0	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	125,655	6,810,744	1,030,554	11,213	0	73.00
76.00	ACUTE DIALYSIS	1,892	471,550	71,352	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	1,110	247,613	37,467	0	0	90.00
90.01	DIABETES EDUCATION	123	44,693	6,763	0	0	90.01
90.04	ANTI COAGULATION CLINIC	0	99,830	15,106	0	0	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.05
91.00	EMERGENCY	62,724	3,440,444	520,584	76,289	26,496	91.00
92.00	OBSERVATION BEDS	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,270,742	93,258,992	12,198,365	1,415,474	1,155,801	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,540	536	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	2,744,166	415,228	300,742	46,905	192.00
192.08	FOUNDATION	0	0	0	0	0	192.08
193.06	OUTSIDE ACCOUNTING	0	0	0	0	0	193.06
194.00	CHILD CARE	0	186,066	28,154	31,986	0	194.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140046

Period:  
From 01/01/2011  
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Cost Center Description	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	
	5.05	5A.05	5.06	6.00	6.01	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,270,742	96,192,764	12,642,283	1,748,202	1,202,706	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140046

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

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	ADMINISTRATIVE & GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	BIOMEDICAL SERVICES						6.01
7.00	OPERATION OF PLANT	2,777,234					7.00
8.00	LAUNDRY & LINEN SERVICE	19,839	700,858				8.00
9.00	HOUSEKEEPING	18,930	2,804	1,659,406			9.00
10.00	DIETARY	72,827	1,576	16,316	1,257,482		10.00
11.00	CAFETERIA	121,441	2,629	9,943	0	1,442,709	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	33,116	0	1,785	0	37,078	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	72,710	0	4,844	0	61,321	16.00
17.00	SOCIAL SERVICE	6,630	0	1,275	0	18,301	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	723,360	385,470	797,452	797,222	407,382	30.00
31.00	INTENSIVE CARE UNIT	114,979	58,172	131,039	65,616	90,318	31.00
41.00	SUBPROVIDER - IRF	123,191	59,573	48,439	38,014	28,997	41.00
43.00	NURSERY	15,935	21,026	0	0	22,579	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	428,450	64,479	201,913	66,625	220,090	50.00
52.00	DELIVERY ROOM & LABOR ROOM	30,171	0	38,241	0	19,014	52.00
53.00	ANESTHESIOLOGY	15,346	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	194,184	21,026	50,733	0	85,327	54.00
54.01	CARDIAC REHABILITATION	0	0	0	0	0	54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	12,755	0	4,334	0	12,597	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	25,779	3,505	11,982	0	11,171	58.00
59.00	CARDIAC CATHETERIZATION	85,969	18,222	32,377	11,869	33,037	59.00
60.00	LABORATORY	113,078	0	42,575	0	102,202	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	33,637	0	7,648	0	8,081	64.00
65.00	RESPIRATORY THERAPY	35,455	1,401	5,099	0	48,724	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	65.98
66.00	PHYSICAL THERAPY	66,871	11,213	11,217	0	36,365	66.00
67.00	OCCUPATIONAL THERAPY	27,916	0	10,198	0	13,785	67.00
68.00	SPEECH PATHOLOGY	12,317	0	510	0	7,368	68.00
69.00	ELECTROCARDIOLOGY	64,128	2,804	28,553	0	31,611	69.00
70.01	NEUROLOGY	0	1,401	1,020	0	2,614	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	33,469	0	21,925	0	42,069	73.00
76.00	ACUTE DIALYSIS	20,344	3,505	8,923	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	3,601	0	510	0	0	90.00
90.01	DIABETES EDUCATION	0	0	0	0	1,188	90.01
90.04	ANTI COAGULATION CLINIC	0	0	0	0	1,664	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.05
91.00	EMERGENCY	85,767	38,547	137,158	12,085	89,843	91.00
92.00	OBSERVATION BEDS						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,612,195	697,353	1,626,009	991,431	1,432,726	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,988	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	37,524	0	2,804	0	0	192.00
192.08	FOUNDATION	0	0	0	0	0	192.08
193.06	OUTSIDE ACCOUNTING	0	0	0	0	0	193.06
194.00	CHILD CARE	116,527	3,505	30,593	266,051	9,983	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140046

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

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Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	7.00	8.00	9.00	10.00	11.00	
202.00 TOTAL (sum lines 118-201)	2,777,234	700,858	1,659,406	1,257,482	1,442,709	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140046

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

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Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	12.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
4.00						4.00
5.04						5.04
5.05						5.05
5.06						5.06
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	0					12.00
13.00	0	1,664,359				13.00
14.00	0	0	0			14.00
15.00	0	0	0	0		15.00
16.00	0	0	0	0	1,991,247	16.00
17.00	0	0	0	0	0	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	0	772,047	0	0	82,695	30.00
31.00	0	171,165	0	0	24,085	31.00
41.00	0	54,953	0	0	4,909	41.00
43.00	0	42,791	0	0	4,606	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	0	417,103	0	0	437,925	50.00
52.00	0	36,035	0	0	37,649	52.00
53.00	0	0	0	0	58,161	53.00
54.00	0	0	0	0	188,223	54.00
54.01	0	0	0	0	0	54.01
57.00	0	0	0	0	240,937	57.00
58.00	0	0	0	0	58,556	58.00
59.00	0	0	0	0	149,249	59.00
60.00	0	0	0	0	282,656	60.00
62.30	0	0	0	0	0	62.30
64.00	0	0	0	0	8,865	64.00
65.00	0	0	0	0	20,407	65.00
65.98	0	0	0	0	0	65.98
66.00	0	0	0	0	17,481	66.00
67.00	0	0	0	0	8,601	67.00
68.00	0	0	0	0	2,177	68.00
69.00	0	0	0	0	61,734	69.00
70.01	0	0	0	0	1,944	70.01
71.00	0	0	0	0	0	71.00
73.00	0	0	0	0	197,099	73.00
76.00	0	0	0	0	2,968	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	0	0	0	0	1,741	90.00
90.01	0	0	0	0	193	90.01
90.04	0	0	0	0	0	90.04
90.05	0	0	0	0	0	90.05
91.00	0	170,265	0	0	98,386	91.00
92.00	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	0	1,664,359	0	0	1,991,247	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	0	0	0	0	0	190.00
192.00	0	0	0	0	0	192.00
192.08	0	0	0	0	0	192.08
193.06	0	0	0	0	0	193.06
194.00	0	0	0	0	0	194.00
200.00	0	0	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140046

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Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	12.00	13.00	14.00	15.00	16.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	1,664,359	0	0	1,991,247	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
	17.00	19.00	20.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
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	604,840					17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 NURSING SCHOOL	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	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	284,275	0	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	30,242	0	0	0	0	31.00
41.00 SUBPROVIDER - I&R	0	0	0	0	0	41.00
43.00 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
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
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
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01 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
76.00 ACUTE DIALYSIS	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETES EDUCATION	0	0	0	0	0	90.01
90.04 ANTI COAGULATION CLINIC	0	0	0	0	0	90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.05
91.00 EMERGENCY	290,323	0	0	0	0	91.00
92.00 OBSERVATION BEDS						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	604,840	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.08 FOUNDATION	0	0	0	0	0	192.08
193.06 OUTSIDE ACCOUNTING	0	0	0	0	0	193.06
194.00 CHILD CARE	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140046

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS			
				SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS		
				17.00	19.00		20.00
200.00 Cross Foot Adjustments		0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	604,840	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140046

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 CAP REL COSTS-BLDG & FIXT					1.00
2.00 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 ADMINISTRATIVE & GENERAL					5.06
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 PRGM-(SPECIFY)	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	0	18,979,069	0	18,979,069	30.00
31.00 INTENSIVE CARE UNIT	0	5,167,126	0	5,167,126	31.00
41.00 SUBPROVIDER - IRF	0	1,588,787	0	1,588,787	41.00
43.00 NURSERY	0	1,212,804	0	1,212,804	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	21,827,300	0	21,827,300	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,160,776	0	1,160,776	52.00
53.00 ANESTHESIOLOGY	0	906,213	0	906,213	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	5,324,981	0	5,324,981	54.00
54.01 CARDIAC REHABILITATION	0	0	0	0	54.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	0	1,333,951	0	1,333,951	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	876,858	0	876,858	58.00
59.00 CARDIAC CATHETERIZATION	0	5,401,977	0	5,401,977	59.00
60.00 LABORATORY	0	7,555,804	0	7,555,804	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	0	476,642	0	476,642	64.00
65.00 RESPIRATORY THERAPY	0	1,860,470	0	1,860,470	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	65.98
66.00 PHYSICAL THERAPY	0	1,460,123	0	1,460,123	66.00
67.00 OCCUPATIONAL THERAPY	0	651,754	0	651,754	67.00
68.00 SPEECH PATHOLOGY	0	348,355	0	348,355	68.00
69.00 ELECTROCARDIOLOGY	0	1,555,631	0	1,555,631	69.00
70.01 NEUROLOGY	0	96,574	0	96,574	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	0	8,147,073	0	8,147,073	73.00
76.00 ACUTE DIALYSIS	0	578,642	0	578,642	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 CLINIC	0	290,932	0	290,932	90.00
90.01 DIABETES EDUCATION	0	52,837	0	52,837	90.01
90.04 ANTI COAGULATION CLINIC	0	116,600	0	116,600	90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	90.05
91.00 EMERGENCY	0	4,986,187	0	4,986,187	91.00
92.00 OBSERVATION BEDS	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	91,957,466	0	91,957,466	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,064	0	15,064	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	3,547,369	0	3,547,369	192.00
192.08 FOUNDATION	0	0	0	0	192.08
193.06 OUTSIDE ACCOUNTING	0	0	0	0	193.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140046

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
194.00	CHILD CARE	0	672,865	0	672,865		194.00
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	0	96,192,764	0	96,192,764		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140046

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	1,035	40,002	325	41,362	41,362 4.00
5.04	ADMINISTRATIVE	63	5,096	571	5,730	1,045 5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	65,345	3,804	69,149	677 5.05
5.06	ADMINISTRATIVE & GENERAL	9,082	451,411	237,994	698,487	4,210 5.06
6.00	MAINTENANCE & REPAIRS	48,957	133,395	0	182,352	526 6.00
6.01	BIOMEDICAL SERVICES	0	3,052	0	3,052	0 6.01
7.00	OPERATION OF PLANT	0	0	543,686	543,686	443 7.00
8.00	LAUNDRY & LINEN SERVICE	0	6,391	0	6,391	87 8.00
9.00	HOUSEKEEPING	0	6,099	6,161	12,260	892 9.00
10.00	DIETARY	603	23,462	11,964	36,029	554 10.00
11.00	CAFETERIA	1,005	39,123	19,950	60,078	685 11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	NURSING ADMINISTRATION	80	10,669	87,887	98,636	962 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	90	23,424	1,053	24,567	943 16.00
17.00	SOCIAL SERVICE	0	2,136	2,069	4,205	379 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	224,842	233,038	87,756	545,636	8,393 30.00
31.00	INTENSIVE CARE UNIT	101,977	37,042	48,857	187,876	2,499 31.00
41.00	SUBPROVIDER - IRF	380	39,687	1,532	41,599	708 41.00
43.00	NURSERY	2,442	5,134	17,363	24,939	641 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	240,788	138,030	841,794	1,220,612	4,887 50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	9,720	21,531	31,251	540 52.00
53.00	ANESTHESIOLOGY	4,596	4,944	96,171	105,711	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	24,201	62,558	411,785	498,544	1,899 54.00
54.01	CARDIAC REHABILITATION	0	0	0	0	0 54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	4,109	40,037	44,146	281 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	8,305	121,074	129,379	268 58.00
59.00	CARDIAC CATHETERIZATION	13,745	27,696	354,794	396,235	750 59.00
60.00	LABORATORY	248	36,429	180,960	217,637	1,665 60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
64.00	INTRAVENOUS THERAPY	0	10,837	4,883	15,720	232 64.00
65.00	RESPIRATORY THERAPY	5,146	11,422	58,926	75,494	938 65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 65.98
66.00	PHYSICAL THERAPY	946	21,543	8,862	31,351	766 66.00
67.00	OCCUPATIONAL THERAPY	0	8,993	0	8,993	377 67.00
68.00	SPEECH PATHOLOGY	0	3,968	2,466	6,434	208 68.00
69.00	ELECTROCARDIOLOGY	0	20,659	84,954	105,613	646 69.00
70.01	NEUROLOGY	0	0	4,064	4,064	53 70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0 71.00
73.00	DRUGS CHARGED TO PATIENTS	127,608	10,782	111,280	249,670	1,407 73.00
76.00	ACUTE DIALYSIS	0	6,554	0	6,554	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	394	1,160	0	1,554	153 90.00
90.01	DIABETES EDUCATION	0	0	0	0	34 90.01
90.04	ANTI COAGULATION CLINIC	0	0	0	0	78 90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0 90.05
91.00	EMERGENCY	84	27,631	33,497	61,212	2,296 91.00
92.00	OBSERVATION BEDS	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	808,312	1,539,846	3,448,050	5,796,208	41,122 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,540	0	3,540	0 190.00
192.00	PHYSICIANS' PRIVATE OFFICES	461,626	12,089	286,674	760,389	125 192.00
192.08	FOUNDATION	0	0	0	0	0 192.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140046

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
193.06 OUTSIDE ACCOUNTING	0	0	0	0	0	193.06
194.00 CHILD CARE	0	37,540	208	37,748	115	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,269,938	1,593,015	3,734,932	6,597,885	41,362	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/18/2012 1:59 pm	
Cost Center Description	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES		
	5.04	5.05	5.06	6.00	6.01		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 CAP REL COSTS-BLDG & FIXT							1.00
2.00 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.04 ADMINISTRATION	6,775						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	0	69,826					5.05
5.06 ADMINISTRATIVE & GENERAL	0	0	702,697				5.06
6.00 MAINTENANCE & REPAIRS	0	0	12,770	195,648			6.00
6.01 BIOMEDICAL SERVICES	0	0	8,785	0	11,837		6.01
7.00 OPERATION OF PLANT	0	0	20,284	41	0		7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	4,901	1,132	0		8.00
9.00 HOUSEKEEPING	0	0	11,626	5,164	0		9.00
10.00 DIETARY	0	5	8,155	5,637	0		10.00
11.00 CAFETERIA	0	0	8,762	12,220	0		11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0		12.00
13.00 NURSING ADMINISTRATION	0	0	11,445	144	240		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	0	13,467	987	0		16.00
17.00 SOCIAL SERVICE	0	0	4,193	514	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	281	2,900	102,999	56,309	1,237		30.00
31.00 INTENSIVE CARE UNIT	82	845	31,761	10,698	374		31.00
41.00 SUBPROVIDER - IRF	17	172	8,648	4,752	42		41.00
43.00 NURSERY	16	162	8,078	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	1,501	15,286	142,577	21,087	2,840		50.00
52.00 DELIVERY ROOM & LABOR ROOM	128	1,320	7,287	0	21		52.00
53.00 ANESTHESIOLOGY	197	2,040	5,157	0	1,247		53.00
54.00 RADIOLOGY-DIAGNOSTIC	639	6,663	33,314	843	2,139		54.00
54.01 CARDIAC REHABILITATION	0	0	0	0	0		54.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	818	8,449	6,934	10,410	208		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	199	2,053	5,226	2,962	236		58.00
59.00 CARDIAC CATHETERIZATION	507	5,234	35,902	5,637	1,043		59.00
60.00 LABORATORY	959	9,912	50,678	4,999	324		60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0		62.30
64.00 INTRAVENOUS THERAPY	30	311	3,056	0	0		64.00
65.00 RESPIRATORY THERAPY	69	716	12,364	905	479		65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0		65.98
66.00 PHYSICAL THERAPY	59	613	9,516	0	141		66.00
67.00 OCCUPATIONAL THERAPY	29	302	4,272	432	25		67.00
68.00 SPEECH PATHOLOGY	7	76	2,345	473	7		68.00
69.00 ELECTROCARDIOLOGY	210	2,165	9,393	3,251	511		69.00
70.01 NEUROLOGY	7	68	653	21	0		70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0		71.00
73.00 DRUGS CHARGED TO PATIENTS	669	6,912	57,278	1,255	0		73.00
76.00 ACUTE DIALYSIS	10	104	3,966	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 CLINIC	6	61	2,082	0	0		90.00
90.01 DIABETES EDUCATION	1	7	376	0	0		90.01
90.04 ANTI COAGULATION CLINIC	0	0	840	0	0		90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0		90.05
91.00 EMERGENCY	334	3,450	28,934	8,538	261		91.00
92.00 OBSERVATION BEDS							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00 SUBTOTALS (SUM OF LINES 1-117)	6,775	69,826	678,024	158,411	11,375		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	30	0	0		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	23,078	33,657	462		192.00
192.08 FOUNDATION	0	0	0	0	0		192.08
193.06 OUTSIDE ACCOUNTING	0	0	0	0	0		193.06
194.00 CHILD CARE	0	0	1,565	3,580	0		194.00
200.00 Cross Foot Adjustments							200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140046

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	
	5.04	5.05	5.06	6.00	6.01	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	6,775	69,826	702,697	195,648	11,837	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140046

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	ADMINISTRATIVE & GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	BIOMEDICAL SERVICES						6.01
7.00	OPERATION OF PLANT	564,454					7.00
8.00	LAUNDRY & LINEN SERVICE	4,032	16,543				8.00
9.00	HOUSEKEEPING	3,847	66	33,855			9.00
10.00	DIETARY	14,802	37	333	65,552		10.00
11.00	CAFETERIA	24,682	62	203	0	106,692	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	6,731	0	36	0	2,742	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	14,778	0	99	0	4,535	16.00
17.00	SOCIAL SERVICE	1,347	0	26	0	1,353	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	147,016	9,099	16,272	41,558	30,129	30.00
31.00	INTENSIVE CARE UNIT	23,369	1,373	2,673	3,421	6,679	31.00
41.00	SUBPROVIDER - IRF	25,038	1,406	988	1,982	2,144	41.00
43.00	NURSERY	3,239	496	0	0	1,670	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	87,080	1,522	4,119	3,473	16,276	50.00
52.00	DELIVERY ROOM & LABOR ROOM	6,132	0	780	0	1,406	52.00
53.00	ANESTHESIOLOGY	3,119	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	39,467	496	1,035	0	6,310	54.00
54.01	CARDIAC REHABILITATION	0	0	0	0	0	54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	2,592	0	88	0	932	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,239	83	244	0	826	58.00
59.00	CARDIAC CATHETERIZATION	17,473	430	661	619	2,443	59.00
60.00	LABORATORY	22,982	0	869	0	7,558	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	6,837	0	156	0	598	64.00
65.00	RESPIRATORY THERAPY	7,206	33	104	0	3,603	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	65.98
66.00	PHYSICAL THERAPY	13,591	265	229	0	2,689	66.00
67.00	OCCUPATIONAL THERAPY	5,674	0	208	0	1,019	67.00
68.00	SPEECH PATHOLOGY	2,503	0	10	0	545	68.00
69.00	ELECTROCARDIOLOGY	13,034	66	583	0	2,338	69.00
70.01	NEUROLOGY	0	33	21	0	193	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	6,802	0	447	0	3,111	73.00
76.00	ACUTE DIALYSIS	4,135	83	182	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	732	0	10	0	0	90.00
90.01	DIABETES EDUCATION	0	0	0	0	88	90.01
90.04	ANTI COAGULATION CLINIC	0	0	0	0	123	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.05
91.00	EMERGENCY	17,432	910	2,798	630	6,644	91.00
92.00	OBSERVATION BEDS						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	530,911	16,460	33,174	51,683	105,954	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,233	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	7,627	0	57	0	0	192.00
192.08	FOUNDATION	0	0	0	0	0	192.08
193.06	OUTSIDE ACCOUNTING	0	0	0	0	0	193.06
194.00	CHILD CARE	23,683	83	624	13,869	738	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/18/2012 1:59 pm	
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
202.00	TOTAL (sum lines 118-201)	564,454	16,543	33,855	65,552	106,692	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140046

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	12.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
4.00						4.00
5.04						5.04
5.05						5.05
5.06						5.06
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	0					12.00
13.00	0	120,936				13.00
14.00	0	0	0			14.00
15.00	0	0	0	0		15.00
16.00	0	0	0	0	59,376	16.00
17.00	0	0	0	0	0	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	0	56,099	0	0	2,472	30.00
31.00	0	12,437	0	0	720	31.00
41.00	0	3,993	0	0	147	41.00
43.00	0	3,109	0	0	138	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	0	30,308	0	0	12,936	50.00
52.00	0	2,618	0	0	1,126	52.00
53.00	0	0	0	0	1,739	53.00
54.00	0	0	0	0	5,627	54.00
54.01	0	0	0	0	0	54.01
57.00	0	0	0	0	7,203	57.00
58.00	0	0	0	0	1,751	58.00
59.00	0	0	0	0	4,462	59.00
60.00	0	0	0	0	8,450	60.00
62.30	0	0	0	0	0	62.30
64.00	0	0	0	0	265	64.00
65.00	0	0	0	0	610	65.00
65.98	0	0	0	0	0	65.98
66.00	0	0	0	0	523	66.00
67.00	0	0	0	0	257	67.00
68.00	0	0	0	0	65	68.00
69.00	0	0	0	0	1,846	69.00
70.01	0	0	0	0	58	70.01
71.00	0	0	0	0	0	71.00
73.00	0	0	0	0	5,893	73.00
76.00	0	0	0	0	89	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	0	0	0	0	52	90.00
90.01	0	0	0	0	6	90.01
90.04	0	0	0	0	0	90.04
90.05	0	0	0	0	0	90.05
91.00	0	12,372	0	0	2,941	91.00
92.00	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	0	120,936	0	0	59,376	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	0	0	0	0	0	190.00
192.00	0	0	0	0	0	192.00
192.08	0	0	0	0	0	192.08
193.06	0	0	0	0	0	193.06
194.00	0	0	0	0	0	194.00
200.00	0	0	0	0	0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140046

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	12.00	13.00	14.00	15.00	16.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	120,936	0	0	59,376	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140046

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
	17.00	19.00	20.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
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	12,017					17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	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					23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	5,648					30.00
31.00 INTENSIVE CARE UNIT	601					31.00
41.00 SUBPROVIDER - IRF	0					41.00
43.00 NURSERY	0					43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0					50.00
52.00 DELIVERY ROOM & LABOR ROOM	0					52.00
53.00 ANESTHESIOLOGY	0					53.00
54.00 RADIOLOGY-DIAGNOSTIC	0					54.00
54.01 CARDIAC REHABILITATION	0					54.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	0					57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00 CARDIAC CATHETERIZATION	0					59.00
60.00 LABORATORY	0					60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0					62.30
64.00 INTRAVENOUS THERAPY	0					64.00
65.00 RESPIRATORY THERAPY	0					65.00
65.98 HYPERBARIC OXYGEN THERAPY	0					65.98
66.00 PHYSICAL THERAPY	0					66.00
67.00 OCCUPATIONAL THERAPY	0					67.00
68.00 SPEECH PATHOLOGY	0					68.00
69.00 ELECTROCARDIOLOGY	0					69.00
70.01 NEUROLOGY	0					70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0					71.00
73.00 DRUGS CHARGED TO PATIENTS	0					73.00
76.00 ACUTE DIALYSIS	0					76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0					90.00
90.01 DIABETES EDUCATION	0					90.01
90.04 ANTI COAGULATION CLINIC	0					90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0					90.05
91.00 EMERGENCY	5,768					91.00
92.00 OBSERVATION BEDS						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0					99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0					99.40
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	12,017	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0					192.00
192.08 FOUNDATION	0					192.08
193.06 OUTSIDE ACCOUNTING	0					193.06
194.00 CHILD CARE	0					194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140046

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
				SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
				17.00	19.00	
200.00 Cross Foot Adjustments		0	0	0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	12,017	0	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140046

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 CAP REL COSTS-BLDG & FIXT					1.00
2.00 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 ADMINISTRATIVE & GENERAL					5.06
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 PRGM-(SPECIFY)	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS		1,026,048	0	1,026,048	30.00
31.00 INTENSIVE CARE UNIT		285,408	0	285,408	31.00
41.00 SUBPROVIDER - IRF		91,636	0	91,636	41.00
43.00 NURSERY		42,488	0	42,488	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM		1,564,504	0	1,564,504	50.00
52.00 DELIVERY ROOM & LABOR ROOM		52,609	0	52,609	52.00
53.00 ANESTHESIOLOGY		119,210	0	119,210	53.00
54.00 RADIOLOGY-DIAGNOSTIC		596,976	0	596,976	54.00
54.01 CARDIAC REHABILITATION		0	0	0	54.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN		82,061	0	82,061	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)		148,466	0	148,466	58.00
59.00 CARDIAC CATHETERIZATION		471,396	0	471,396	59.00
60.00 LABORATORY		326,033	0	326,033	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
64.00 INTRAVENOUS THERAPY		27,205	0	27,205	64.00
65.00 RESPIRATORY THERAPY		102,521	0	102,521	65.00
65.98 HYPERBARIC OXYGEN THERAPY		0	0	0	65.98
66.00 PHYSICAL THERAPY		59,743	0	59,743	66.00
67.00 OCCUPATIONAL THERAPY		21,588	0	21,588	67.00
68.00 SPEECH PATHOLOGY		12,673	0	12,673	68.00
69.00 ELECTROCARDIOLOGY		139,656	0	139,656	69.00
70.01 NEUROLOGY		5,171	0	5,171	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS		333,444	0	333,444	73.00
76.00 ACUTE DIALYSIS		15,123	0	15,123	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 CLINIC		4,650	0	4,650	90.00
90.01 DIABETES EDUCATION		512	0	512	90.01
90.04 ANTI COAGULATION CLINIC		1,041	0	1,041	90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES		0	0	0	90.05
91.00 EMERGENCY		154,520	0	154,520	91.00
92.00 OBSERVATION BEDS			0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	5,684,682	0	5,684,682	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN		5,803	0	5,803	190.00
192.00 PHYSICIANS' PRIVATE OFFICES		825,395	0	825,395	192.00
192.08 FOUNDATION		0	0	0	192.08
193.06 OUTSIDE ACCOUNTING		0	0	0	193.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140046

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	23.00	24.00	25.00	26.00		
194.00 CHILD CARE		82,005	0	82,005		194.00
200.00 Cross Foot Adjustments	0	0	0	0		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	0	6,597,885	0	6,597,885		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140046

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

Worksheet B-1  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	ADMITTING (ADMITTING CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	
	BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00	4.00	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT	293,860					1.00
2.00 CAP REL COSTS-MVBLE EQUIP		2,699,323				2.00
4.00 EMPLOYEE BENEFITS	7,379	235	39,235,966			4.00
5.04 ADMITTING	940	413	991,150	321,816,096		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	12,054	2,749	642,487	0	322,103,340	5.05
5.06 ADMINISTRATIVE & GENERAL	83,271	172,004	3,994,413	0	0	5.06
6.00 MAINTENANCE & REPAIRS	24,607	0	499,135	0	0	6.00
6.01 BIOMEDICAL SERVICES	563	0	0	0	0	6.01
7.00 OPERATION OF PLANT	0	392,935	420,251	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	1,179	0	82,202	0	0	8.00
9.00 HOUSEKEEPING	1,125	4,453	845,843	0	0	9.00
10.00 DIETARY	4,328	8,647	525,630	21,738	21,738	10.00
11.00 CAFETERIA	7,217	14,418	650,185	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,968	63,518	912,304	0	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	4,321	761	894,473	0	0	16.00
17.00 SOCIAL SERVICE	394	1,495	359,333	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	42,988	63,423	7,957,886	13,363,710	13,363,710	30.00
31.00 INTENSIVE CARE UNIT	6,833	35,310	2,370,541	3,892,291	3,892,291	31.00
41.00 SUBPROVIDER - IRF	7,321	1,107	671,733	793,252	793,252	41.00
43.00 NURSERY	947	12,549	608,013	744,344	744,344	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	25,462	608,384	4,637,062	70,772,708	70,772,708	50.00
52.00 DELIVERY ROOM & LABOR ROOM	1,793	15,561	512,509	6,084,150	6,084,150	52.00
53.00 ANESTHESIOLOGY	912	69,505	0	9,399,029	9,399,029	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,540	297,607	1,801,813	30,417,351	30,704,595	54.00
54.01 CARDIAC REHABILITATION	0	0	0	0	0	54.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	758	28,936	266,477	38,936,231	38,936,231	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,532	87,503	254,066	9,462,854	9,462,854	58.00
59.00 CARDIAC CATHETERIZATION	5,109	256,418	711,661	24,119,163	24,119,163	59.00
60.00 LABORATORY	6,720	130,784	1,579,998	45,678,120	45,678,120	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	1,999	3,529	220,532	1,432,622	1,432,622	64.00
65.00 RESPIRATORY THERAPY	2,107	42,587	889,546	3,297,755	3,297,755	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	65.98
66.00 PHYSICAL THERAPY	3,974	6,405	726,403	2,825,064	2,825,064	66.00
67.00 OCCUPATIONAL THERAPY	1,659	0	357,546	1,389,985	1,389,985	67.00
68.00 SPEECH PATHOLOGY	732	1,782	197,312	351,837	351,837	68.00
69.00 ELECTROCARDIOLOGY	3,811	61,398	612,880	9,976,371	9,976,371	69.00
70.01 NEUROLOGY	0	2,937	50,443	314,184	314,184	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00 DRUGS CHARGED TO PATIENTS	1,989	80,425	1,335,085	31,851,773	31,851,773	73.00
76.00 ACUTE DIALYSIS	1,209	0	0	479,660	479,660	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	214	0	144,731	281,275	281,275	90.00
90.01 DIABETES EDUCATION	0	0	31,798	31,132	31,132	90.01
90.04 ANTI COAGULATION CLINIC	0	0	74,027	0	0	90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.05
91.00 EMERGENCY	5,097	24,209	2,178,310	15,899,497	15,899,497	91.00
92.00 OBSERVATION BEDS						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	284,052	2,491,987	39,007,778	321,816,096	322,103,340	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	653	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	2,230	207,186	118,882	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140046

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

Worksheet B-1

Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	ADMITTING (ADMITTING CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	
	BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
192.08 FOUNDATION	0	0	0	0	0	192.08
193.06 OUTSIDE ACCOUNTING	0	0	0	0	0	193.06
194.00 CHILD CARE	6,925	150	109,306	0	0	194.00
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)	1,593,015	3,734,932	13,410,302	1,457,432	1,270,742	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	5.421000	1.383655	0.341786	0.004529	0.003945	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			41,362	6,775	69,826	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001054	0.000021	0.000217	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet B-1	
Date/Time Prepared: 5/18/2012 1:59 pm							
Cost Center Description	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (TIME SPENT)	BIOMEDICAL SERVICES (TIME SPENT)	OPERATION OF PLANT (SQ FEET)		
	5A.06	5.06	6.00	6.01	7.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00							1.00
2.00							2.00
4.00							4.00
5.04							5.04
5.05							5.05
5.06	-12,642,283	83,550,481					5.06
6.00		1,518,442	9,510				6.00
6.01		1,044,639	0	3,359			6.01
7.00		2,411,912	2	0	165,046		7.00
8.00		582,733	55	0	1,179		8.00
9.00		1,382,362	251	0	1,125		9.00
10.00		969,670	274	0	4,328		10.00
11.00		1,041,856	594	0	7,217		11.00
12.00		0	0	0	0		12.00
13.00		1,360,833	7	68	1,968		13.00
14.00		0	0	0	0		14.00
15.00		0	0	0	0		15.00
16.00		1,601,257	48	0	4,321		16.00
17.00		498,594	25	0	394		17.00
19.00		0	0	0	0		19.00
20.00		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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00		12,247,193	2,737	351	42,988		30.00
31.00		3,776,528	520	106	6,833		31.00
41.00		1,028,348	231	12	7,321		41.00
43.00		960,527	0	0	947		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00		16,949,074	1,025	806	25,462		50.00
52.00		866,418	0	6	1,793		52.00
53.00		613,174	0	354	912		53.00
54.00		3,961,227	41	607	11,540		54.00
54.01		0	0	0	0		54.01
57.00		824,438	506	59	758		57.00
58.00		621,381	144	67	1,532		58.00
59.00		4,268,953	274	296	5,109		59.00
60.00		6,025,887	243	92	6,720		60.00
62.30		0	0	0	0		62.30
64.00		363,421	0	0	1,999		64.00
65.00		1,470,148	44	136	2,107		65.00
65.98		0	0	0	0		65.98
66.00		1,131,451	0	40	3,974		66.00
67.00		508,018	21	7	1,659		67.00
68.00		278,846	23	2	732		68.00
69.00		1,116,845	158	145	3,811		69.00
70.01		77,660	1	0	0		70.01
71.00		0	0	0	0		71.00
73.00		6,810,744	61	0	1,989		73.00
76.00		471,550	0	0	1,209		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00		247,613	0	0	214		90.00
90.01		44,693	0	0	0		90.01
90.04		99,830	0	0	0		90.04
90.05		0	0	0	0		90.05
91.00		3,440,444	415	74	5,097		91.00
92.00		0	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10		0	0	0	0		99.10
99.20		0	0	0	0		99.20
99.30		0	0	0	0		99.30
99.40		0	0	0	0		99.40
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		-12,642,283	80,616,709	7,700	3,228	155,238	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00		0	3,540	0	653		190.00
192.00		0	2,744,166	1,636	2,230		192.00
192.08		0	0	0	0		192.08
193.06		0	0	0	0		193.06
194.00		0	186,066	174	6,925		194.00
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140046

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

Worksheet B-1

Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (TIME SPENT)	BIOMEDICAL SERVICES (TIME SPENT)	OPERATION OF PLANT (SQ FEET)	
	5A.06	5.06	6.00	6.01	7.00	
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)		12,642,283	1,748,202	1,202,706	2,777,234	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)		0.151313	183.827760	358.054778	16.827030	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		702,697	195,648	11,837	564,454	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.008410	20.572871	3.523965	3.419980	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140046

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

Worksheet B-1

Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	8.00	9.00	10.00	11.00	12.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
4.00						4.00
5.04						5.04
5.05						5.05
5.06						5.06
6.00						6.00
6.01						6.01
7.00						7.00
8.00	846,706					8.00
9.00	3,387	6,509				9.00
10.00	1,904	64	145,783			10.00
11.00	3,176	39	0	6,070		11.00
12.00	0	0	0	0	0	12.00
13.00	0	7	0	156	0	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	19	0	258	0	16.00
17.00	0	5	0	77	0	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	465,688	3,128	92,424	1,714	0	30.00
31.00	70,277	514	7,607	380	0	31.00
41.00	71,970	190	4,407	122	0	41.00
43.00	25,401	0	0	95	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	77,897	792	7,724	926	0	50.00
52.00	0	150	0	80	0	52.00
53.00	0	0	0	0	0	53.00
54.00	25,401	199	0	359	0	54.00
54.01	0	0	0	0	0	54.01
57.00	0	17	0	53	0	57.00
58.00	4,234	47	0	47	0	58.00
59.00	22,014	127	1,376	139	0	59.00
60.00	0	167	0	430	0	60.00
62.30	0	0	0	0	0	62.30
64.00	0	30	0	34	0	64.00
65.00	1,693	20	0	205	0	65.00
65.98	0	0	0	0	0	65.98
66.00	13,547	44	0	153	0	66.00
67.00	0	40	0	58	0	67.00
68.00	0	2	0	31	0	68.00
69.00	3,387	112	0	133	0	69.00
70.01	1,693	4	0	11	0	70.01
71.00	0	0	0	0	0	71.00
73.00	0	86	0	177	0	73.00
76.00	4,234	35	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	0	2	0	0	0	90.00
90.01	0	0	0	5	0	90.01
90.04	0	0	0	7	0	90.04
90.05	0	0	0	0	0	90.05
91.00	46,569	538	1,401	378	0	91.00
92.00	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	842,472	6,378	114,939	6,028	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	0	0	0	0	0	190.00
192.00	0	11	0	0	0	192.00
192.08	0	0	0	0	0	192.08
193.06	0	0	0	0	0	193.06
194.00	4,234	120	30,844	42	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140046

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

Worksheet B-1

Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	8.00	9.00	10.00	11.00	12.00	
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)	700,858	1,659,406	1,257,482	1,442,709	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.827747	254.940237	8.625711	237.678583	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	16,543	33,855	65,552	106,692	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.019538	5.201260	0.449655	17.576936	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140046

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

Worksheet B-1  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
	(HOURS OF SERVICE)	(COSTED REQUIS.)				
	13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
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	768,560					13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0				14.00
15.00 PHARMACY	0	0	0			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	321,794,358		16.00
17.00 SOCIAL SERVICE	0	0	0	0	100	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	356,512	0	0	13,363,710	47	30.00
31.00 INTENSIVE CARE UNIT	79,040	0	0	3,892,291	5	31.00
41.00 SUBPROVIDER - IRF	25,376	0	0	793,252	0	41.00
43.00 NURSERY	19,760	0	0	744,344	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	192,608	0	0	70,772,708	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	16,640	0	0	6,084,150	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	9,399,029	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	30,417,351	0	54.00
54.01 CARDIAC REHABILITATION	0	0	0	0	0	54.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	38,936,231	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	9,462,854	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	24,119,163	0	59.00
60.00 LABORATORY	0	0	0	45,678,120	0	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 INTRAVENOUS THERAPY	0	0	0	1,432,622	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	3,297,755	0	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	65.98
66.00 PHYSICAL THERAPY	0	0	0	2,825,064	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	1,389,985	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	351,837	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	9,976,371	0	69.00
70.01 NEUROLOGY	0	0	0	314,184	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	31,851,773	0	73.00
76.00 ACUTE DIALYSIS	0	0	0	479,660	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	0	0	281,275	0	90.00
90.01 DIABETES EDUCATION	0	0	0	31,132	0	90.01
90.04 ANTI COAGULATION CLINIC	0	0	0	0	0	90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.05
91.00 EMERGENCY	78,624	0	0	15,899,497	48	91.00
92.00 OBSERVATION BEDS						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	768,560	0	0	321,794,358	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.08 FOUNDATION	0	0	0	0	0	192.08
193.06 OUTSIDE ACCOUNTING	0	0	0	0	0	193.06

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140046

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

Worksheet B-1

Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	(HOURS OF SERVICE)	(COSTED REQUIS.)		(GROSS REVE NUE)	(TIME SPENT)	
194.00 CHILD CARE	0	0	0	0	0	194.00
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)	1,664,359	0	0	1,991,247	604,840	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2.165555	0.000000	0.000000	0.006188	6,048.400000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	120,936	0	0	59,376	12,017	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.157354	0.000000	0.000000	0.000185	120.170000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140046

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

Worksheet B-1

Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (COSTED REQUIS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
4.00						4.00
5.04						5.04
5.05						5.05
5.06						5.06
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	0					19.00
20.00		0				20.00
21.00				0		21.00
22.00					0	22.00
23.00						0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00			0	0	0	0 30.00
31.00			0	0	0	0 31.00
41.00			0	0	0	0 41.00
43.00			0	0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	0	0	0	0	0	0 50.00
52.00	0	0	0	0	0	0 52.00
53.00	0	0	0	0	0	0 53.00
54.00	0	0	0	0	0	0 54.00
54.01	0	0	0	0	0	0 54.01
57.00	0	0	0	0	0	0 57.00
58.00	0	0	0	0	0	0 58.00
59.00	0	0	0	0	0	0 59.00
60.00	0	0	0	0	0	0 60.00
62.30	0	0	0	0	0	0 62.30
64.00	0	0	0	0	0	0 64.00
65.00	0	0	0	0	0	0 65.00
65.98	0	0	0	0	0	0 65.98
66.00	0	0	0	0	0	0 66.00
67.00	0	0	0	0	0	0 67.00
68.00	0	0	0	0	0	0 68.00
69.00	0	0	0	0	0	0 69.00
70.01	0	0	0	0	0	0 70.01
71.00	0	0	0	0	0	0 71.00
73.00	0	0	0	0	0	0 73.00
76.00	0	0	0	0	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	0	0	0	0	0	0 90.00
90.01	0	0	0	0	0	0 90.01
90.04	0	0	0	0	0	0 90.04
90.05	0	0	0	0	0	0 90.05
91.00	0	0	0	0	0	0 91.00
92.00	0	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	0	0	0	0	0	0 99.10
99.20	0	0	0	0	0	0 99.20
99.30	0	0	0	0	0	0 99.30
99.40	0	0	0	0	0	0 99.40
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	0	0	0	0	0	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	0	0	0	0	0	0 190.00
192.00	0	0	0	0	0	0 192.00
192.08	0	0	0	0	0	0 192.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140046

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

Worksheet B-1

Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (COSTED REQ UIS) 19.00	NURSING SCHOOL (ASSIGNED TIME) 20.00	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME) 23.00	
			SRVCES-SALARY & FRINGES (ASSIGNED TIME) 21.00	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME) 22.00		
			193.06 OUTSIDE ACCOUNTING	0		
194.00 CHILD CARE	0	0	0	0	0	194.00
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	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/18/2012 1:59 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS		18,979,069	0	18,979,069	30.00	
31.00	INTENSIVE CARE UNIT		5,167,126	10,932	5,178,058	31.00	
41.00	SUBPROVIDER - IRF		1,588,787	0	1,588,787	41.00	
43.00	NURSERY		1,212,804	0	1,212,804	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		21,827,300	0	21,827,300	50.00	
52.00	DELIVERY ROOM & LABOR ROOM		1,160,776	0	1,160,776	52.00	
53.00	ANESTHESIOLOGY		906,213	55,294	961,507	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		5,324,981	13,495	5,338,476	54.00	
54.01	CARDIAC REHABILITATION		0	0	0	54.01	
57.00	COMPUTED TOMOGRAPHY (CT) SCAN		1,333,951	0	1,333,951	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		876,858	0	876,858	58.00	
59.00	CARDIAC CATHETERIZATION		5,401,977	0	5,401,977	59.00	
60.00	LABORATORY		7,555,804	0	7,555,804	60.00	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30	
64.00	INTRAVENOUS THERAPY		476,642	0	476,642	64.00	
65.00	RESPIRATORY THERAPY	0	1,860,470	8,860	1,869,330	65.00	
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	65.98	
66.00	PHYSICAL THERAPY	0	1,460,123	0	1,460,123	66.00	
67.00	OCCUPATIONAL THERAPY	0	651,754	0	651,754	67.00	
68.00	SPEECH PATHOLOGY	0	348,355	0	348,355	68.00	
69.00	ELECTROCARDIOLOGY		1,555,631	8,958	1,564,589	69.00	
70.01	NEUROLOGY		96,574	5,211	101,785	70.01	
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	71.00	
73.00	DRUGS CHARGED TO PATIENTS		8,147,073	0	8,147,073	73.00	
76.00	ACUTE DIALYSIS		578,642	0	578,642	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC		290,932	0	290,932	90.00	
90.01	DIABETES EDUCATION		52,837	0	52,837	90.01	
90.04	ANTI COAGULATION CLINIC		116,600	0	116,600	90.04	
90.05	OUTPATIENT PSYCHIATRIC SERVICES		0	0	0	90.05	
91.00	EMERGENCY		4,986,187	15,310	5,001,497	91.00	
92.00	OBSERVATION BEDS		617,942	0	617,942	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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)		92,575,408	118,060	92,693,468	200.00	
201.00	Less Observation Beds		617,942	0	617,942	201.00	
202.00	Total (see instructions)		91,957,466	118,060	92,075,526	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/18/2012 1:59 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	12,474,289		12,474,289		30.00
31.00	INTENSIVE CARE UNIT	3,840,380		3,840,380		31.00
41.00	SUBPROVIDER - IRF	793,252		793,252		41.00
43.00	NURSERY	727,940		727,940		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	32,664,898	35,849,177	68,514,075	0.318581	50.00
52.00	DELIVERY ROOM & LABOR ROOM	4,104,668	1,824,435	5,929,103	0.195776	52.00
53.00	ANESTHESIOLOGY	3,654,254	5,455,884	9,110,138	0.099473	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,768,987	23,241,398	30,010,385	0.177438	54.00
54.01	CARDIAC REHABILITATION	0	0	0	0.000000	54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	8,975,890	29,023,328	37,999,218	0.035105	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	929,095	8,093,032	9,022,127	0.097190	58.00
59.00	CARDIAC CATHETERIZATION	16,587,186	7,029,779	23,616,965	0.228733	59.00
60.00	LABORATORY	22,573,353	21,994,784	44,568,137	0.169534	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
64.00	INTRAVENOUS THERAPY	11,760	1,403,030	1,414,790	0.336899	64.00
65.00	RESPIRATORY THERAPY	2,769,661	455,545	3,225,206	0.576853	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	65.98
66.00	PHYSICAL THERAPY	2,087,895	642,642	2,730,537	0.534738	66.00
67.00	OCCUPATIONAL THERAPY	1,184,517	188,197	1,372,714	0.474792	67.00
68.00	SPEECH PATHOLOGY	217,595	134,090	351,685	0.990531	68.00
69.00	ELECTROCARDIOLOGY	4,353,384	4,083,363	8,436,747	0.184388	69.00
70.01	NEUROLOGY	225,162	84,780	309,942	0.311587	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0.000000	71.00
73.00	DRUGS CHARGED TO PATIENTS	20,226,598	11,084,994	31,311,592	0.260194	73.00
76.00	ACUTE DIALYSIS	458,534	20,000	478,534	1.209197	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	1,584	215,028	216,612	1.343102	90.00
90.01	DIABETES EDUCATION	100	30,566	30,666	1.722983	90.01
90.04	ANTI COAGULATION CLINIC	255	63,435	63,690	1.830743	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0.000000	90.05
91.00	EMERGENCY	3,369,593	12,264,821	15,634,414	0.318924	91.00
92.00	OBSERVATION BEDS	127,266	624,634	751,900	0.821841	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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)	149,128,096	163,806,942	312,935,038		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	149,128,096	163,806,942	312,935,038		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/18/2012 1:59 pm
		Title XVIII	Hospital	PPS

Cost Center Description	PPS Inpatient Ratio		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	11.00		30.00
31.00 INTENSIVE CARE UNIT			31.00
41.00 SUBPROVIDER - IRF			41.00
43.00 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0.318581		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0.195776		52.00
53.00 ANESTHESIOLOGY	0.105543		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.177888		54.00
54.01 CARDIAC REHABILITATION	0.000000		54.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	0.035105		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.097190		58.00
59.00 CARDIAC CATHETERIZATION	0.228733		59.00
60.00 LABORATORY	0.169534		60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00 INTRAVENOUS THERAPY	0.336899		64.00
65.00 RESPIRATORY THERAPY	0.579600		65.00
65.98 HYPERBARIC OXYGEN THERAPY	0.000000		65.98
66.00 PHYSICAL THERAPY	0.534738		66.00
67.00 OCCUPATIONAL THERAPY	0.474792		67.00
68.00 SPEECH PATHOLOGY	0.990531		68.00
69.00 ELECTROCARDIOLOGY	0.185449		69.00
70.01 NEUROLOGY	0.328400		70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000		71.00
73.00 DRUGS CHARGED TO PATIENTS	0.260194		73.00
76.00 ACUTE DIALYSIS	1.209197		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 CLINIC	1.343102		90.00
90.01 DIABETES EDUCATION	1.722983		90.01
90.04 ANTI COAGULATION CLINIC	1.830743		90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0.000000		90.05
91.00 EMERGENCY	0.319903		91.00
92.00 OBSERVATION BEDS	0.821841		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
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: 140046

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/18/2012 1:59 pm

		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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS		18,979,069	0	18,979,069	30.00	
31.00	INTENSIVE CARE UNIT		5,167,126	10,932	5,178,058	31.00	
41.00	SUBPROVIDER - IRF		1,588,787	0	1,588,787	41.00	
43.00	NURSERY		1,212,804	0	1,212,804	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		21,827,300	0	21,827,300	50.00	
52.00	DELIVERY ROOM & LABOR ROOM		1,160,776	0	1,160,776	52.00	
53.00	ANESTHESIOLOGY		906,213	55,294	961,507	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		5,324,981	13,495	5,338,476	54.00	
54.01	CARDIAC REHABILITATION		0	0	0	54.01	
57.00	COMPUTED TOMOGRAPHY (CT) SCAN		1,333,951	0	1,333,951	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		876,858	0	876,858	58.00	
59.00	CARDIAC CATHETERIZATION		5,401,977	0	5,401,977	59.00	
60.00	LABORATORY		7,555,804	0	7,555,804	60.00	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30	
64.00	INTRAVENOUS THERAPY		476,642	0	476,642	64.00	
65.00	RESPIRATORY THERAPY	0	1,860,470	8,860	1,869,330	65.00	
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	65.98	
66.00	PHYSICAL THERAPY	0	1,460,123	0	1,460,123	66.00	
67.00	OCCUPATIONAL THERAPY	0	651,754	0	651,754	67.00	
68.00	SPEECH PATHOLOGY	0	348,355	0	348,355	68.00	
69.00	ELECTROCARDIOLOGY		1,555,631	8,958	1,564,589	69.00	
70.01	NEUROLOGY		96,574	5,211	101,785	70.01	
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	71.00	
73.00	DRUGS CHARGED TO PATIENTS		8,147,073	0	8,147,073	73.00	
76.00	ACUTE DIALYSIS		578,642	0	578,642	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC		290,932	0	290,932	90.00	
90.01	DIABETES EDUCATION		52,837	0	52,837	90.01	
90.04	ANTI COAGULATION CLINIC		116,600	0	116,600	90.04	
90.05	OUTPATIENT PSYCHIATRIC SERVICES		0	0	0	90.05	
91.00	EMERGENCY		4,986,187	15,310	5,001,497	91.00	
92.00	OBSERVATION BEDS		617,942	0	617,942	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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)		92,575,408	118,060	92,693,468	200.00	
201.00	Less Observation Beds		617,942	0	617,942	201.00	
202.00	Total (see instructions)		91,957,466	118,060	92,075,526	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/18/2012 1:59 pm	
			Title XIX	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	12,474,289		12,474,289		30.00
31.00	INTENSIVE CARE UNIT	3,840,380		3,840,380		31.00
41.00	SUBPROVIDER - IRF	793,252		793,252		41.00
43.00	NURSERY	727,940		727,940		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	32,664,898	35,849,177	68,514,075	0.318581	50.00
52.00	DELIVERY ROOM & LABOR ROOM	4,104,668	1,824,435	5,929,103	0.195776	52.00
53.00	ANESTHESIOLOGY	3,654,254	5,455,884	9,110,138	0.099473	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,768,987	23,241,398	30,010,385	0.177438	54.00
54.01	CARDIAC REHABILITATION	0	0	0	0.000000	54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	8,975,890	29,023,328	37,999,218	0.035105	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	929,095	8,093,032	9,022,127	0.097190	58.00
59.00	CARDIAC CATHETERIZATION	16,587,186	7,029,779	23,616,965	0.228733	59.00
60.00	LABORATORY	22,573,353	21,994,784	44,568,137	0.169534	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
64.00	INTRAVENOUS THERAPY	11,760	1,403,030	1,414,790	0.336899	64.00
65.00	RESPIRATORY THERAPY	2,769,661	455,545	3,225,206	0.576853	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	65.98
66.00	PHYSICAL THERAPY	2,087,895	642,642	2,730,537	0.534738	66.00
67.00	OCCUPATIONAL THERAPY	1,184,517	188,197	1,372,714	0.474792	67.00
68.00	SPEECH PATHOLOGY	217,595	134,090	351,685	0.990531	68.00
69.00	ELECTROCARDIOLOGY	4,353,384	4,083,363	8,436,747	0.184388	69.00
70.01	NEUROLOGY	225,162	84,780	309,942	0.311587	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0.000000	71.00
73.00	DRUGS CHARGED TO PATIENTS	20,226,598	11,084,994	31,311,592	0.260194	73.00
76.00	ACUTE DIALYSIS	458,534	20,000	478,534	1.209197	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	1,584	215,028	216,612	1.343102	90.00
90.01	DIABETES EDUCATION	100	30,566	30,666	1.722983	90.01
90.04	ANTI COAGULATION CLINIC	255	63,435	63,690	1.830743	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0.000000	90.05
91.00	EMERGENCY	3,369,593	12,264,821	15,634,414	0.318924	91.00
92.00	OBSERVATION BEDS	127,266	624,634	751,900	0.821841	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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)	149,128,096	163,806,942	312,935,038		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	149,128,096	163,806,942	312,935,038		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/18/2012 1:59 pm
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
41.00	SUBPROVIDER - IRF			41.00
43.00	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.318581		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.195776		52.00
53.00	ANESTHESIOLOGY	0.105543		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.177888		54.00
54.01	CARDIAC REHABILITATION	0.000000		54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0.035105		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.097190		58.00
59.00	CARDIAC CATHETERIZATION	0.228733		59.00
60.00	LABORATORY	0.169534		60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00	INTRAVENOUS THERAPY	0.336899		64.00
65.00	RESPIRATORY THERAPY	0.579600		65.00
65.98	HYPERBARIC OXYGEN THERAPY	0.000000		65.98
66.00	PHYSICAL THERAPY	0.534738		66.00
67.00	OCCUPATIONAL THERAPY	0.474792		67.00
68.00	SPEECH PATHOLOGY	0.990531		68.00
69.00	ELECTROCARDIOLOGY	0.185449		69.00
70.01	NEUROLOGY	0.328400		70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000		71.00
73.00	DRUGS CHARGED TO PATIENTS	0.260194		73.00
76.00	ACUTE DIALYSIS	1.209197		76.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	1.343102		90.00
90.01	DIABETES EDUCATION	1.722983		90.01
90.04	ANTI COAGULATION CLINIC	1.830743		90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0.000000		90.05
91.00	EMERGENCY	0.319903		91.00
92.00	OBSERVATION BEDS	0.821841		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: 140046

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description		Title XIX			Hospital		PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	21,827,300	1,564,504	20,262,796	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	1,160,776	52,609	1,108,167	0	0	52.00
53.00	ANESTHESIOLOGY	906,213	119,210	787,003	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,324,981	596,976	4,728,005	0	0	54.00
54.01	CARDIAC REHABILITATION	0	0	0	0	0	54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	1,333,951	82,061	1,251,890	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	876,858	148,466	728,392	0	0	58.00
59.00	CARDIAC CATHETERIZATION	5,401,977	471,396	4,930,581	0	0	59.00
60.00	LABORATORY	7,555,804	326,033	7,229,771	0	0	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	476,642	27,205	449,437	0	0	64.00
65.00	RESPIRATORY THERAPY	1,860,470	102,521	1,757,949	0	0	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	65.98
66.00	PHYSICAL THERAPY	1,460,123	59,743	1,400,380	0	0	66.00
67.00	OCCUPATIONAL THERAPY	651,754	21,588	630,166	0	0	67.00
68.00	SPEECH PATHOLOGY	348,355	12,673	335,682	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,555,631	139,656	1,415,975	0	0	69.00
70.01	NEUROLOGY	96,574	5,171	91,403	0	0	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	8,147,073	333,444	7,813,629	0	0	73.00
76.00	ACUTE DIALYSIS	578,642	15,123	563,519	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	290,932	4,650	286,282	0	0	90.00
90.01	DIABETES EDUCATION	52,837	512	52,325	0	0	90.01
90.04	ANTI COAGULATION CLINIC	116,600	1,041	115,559	0	0	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.05
91.00	EMERGENCY	4,986,187	154,520	4,831,667	0	0	91.00
92.00	OBSERVATION BEDS	617,942	33,407	584,535	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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)	65,627,622	4,272,509	61,355,113	0	0	200.00
201.00	Less Observation Beds	617,942	33,407	584,535	0	0	201.00
202.00	Total (line 200 minus line 201)	65,009,680	4,239,102	60,770,578	0	0	202.00

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

Provider CCN: 140046

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/18/2012 1:59 pm

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)	Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	21,827,300	68,514,075	0.318581		50.00
52.00	DELIVERY ROOM & LABOR ROOM	1,160,776	5,929,103	0.195776		52.00
53.00	ANESTHESIOLOGY	906,213	9,110,138	0.099473		53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,324,981	30,010,385	0.177438		54.00
54.01	CARDIAC REHABILITATION	0	0	0.000000		54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	1,333,951	37,999,218	0.035105		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	876,858	9,022,127	0.097190		58.00
59.00	CARDIAC CATHETERIZATION	5,401,977	23,616,965	0.228733		59.00
60.00	LABORATORY	7,555,804	44,568,137	0.169534		60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
64.00	INTRAVENOUS THERAPY	476,642	1,414,790	0.336899		64.00
65.00	RESPIRATORY THERAPY	1,860,470	3,225,206	0.576853		65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0.000000		65.98
66.00	PHYSICAL THERAPY	1,460,123	2,730,537	0.534738		66.00
67.00	OCCUPATIONAL THERAPY	651,754	1,372,714	0.474792		67.00
68.00	SPEECH PATHOLOGY	348,355	351,685	0.990531		68.00
69.00	ELECTROCARDIOLOGY	1,555,631	8,436,747	0.184388		69.00
70.01	NEUROLOGY	96,574	309,942	0.311587		70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000		71.00
73.00	DRUGS CHARGED TO PATIENTS	8,147,073	31,311,592	0.260194		73.00
76.00	ACUTE DIALYSIS	578,642	478,534	1.209197		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	290,932	216,612	1.343102		90.00
90.01	DIABETES EDUCATION	52,837	30,666	1.722983		90.01
90.04	ANTI COAGULATION CLINIC	116,600	63,690	1.830743		90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0.000000		90.05
91.00	EMERGENCY	4,986,187	15,634,414	0.318924		91.00
92.00	OBSERVATION BEDS	617,942	751,900	0.821841		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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)	65,627,622	0			200.00
201.00	Less Observation Beds	617,942	0			201.00
202.00	Total (line 200 minus line 201)	65,009,680	295,099,177			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/18/2012 1:59 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,026,048	0	1,026,048	20,670	49.64	30.00
31.00	INTENSIVE CARE UNIT	285,408		285,408	3,113	91.68	31.00
41.00	SUBPROVIDER - IRF	91,636	0	91,636	1,448	63.28	41.00
43.00	NURSERY	42,488		42,488	1,379	30.81	43.00
200.00	Total (lines 30-199)	1,445,580		1,445,580	26,610		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/18/2012 1:59 pm	
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	12,783	634,548				30.00
31.00	INTENSIVE CARE UNIT	1,879	172,267				31.00
41.00	SUBPROVIDER - IRF	1,212	76,695				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	15,874	883,510				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/18/2012 1:59 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,564,504	68,514,075	0.022835	15,568,075	355,497	50.00
52.00	DELIVERY ROOM & LABOR ROOM	52,609	5,929,103	0.008873	14,474	128	52.00
53.00	ANESTHESIOLOGY	119,210	9,110,138	0.013085	1,265,535	16,560	53.00
54.00	RADIOLOGY-DIAGNOSTIC	596,976	30,010,385	0.019892	4,637,453	92,248	54.00
54.01	CARDIAC REHABILITATION	0	0	0.000000	0	0	54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	82,061	37,999,218	0.002160	5,104,878	11,027	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	148,466	9,022,127	0.016456	534,317	8,793	58.00
59.00	CARDIAC CATHETERIZATION	471,396	23,616,965	0.019960	9,599,594	191,608	59.00
60.00	LABORATORY	326,033	44,568,137	0.007315	13,926,633	101,873	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	INTRAVENOUS THERAPY	27,205	1,414,790	0.019229	8,025	154	64.00
65.00	RESPIRATORY THERAPY	102,521	3,225,206	0.031787	1,878,757	59,720	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	65.98
66.00	PHYSICAL THERAPY	59,743	2,730,537	0.021880	1,154,826	25,268	66.00
67.00	OCCUPATIONAL THERAPY	21,588	1,372,714	0.015727	451,274	7,097	67.00
68.00	SPEECH PATHOLOGY	12,673	351,685	0.036035	101,977	3,675	68.00
69.00	ELECTROCARDIOLOGY	139,656	8,436,747	0.016553	2,895,773	47,934	69.00
70.01	NEUROLOGY	5,171	309,942	0.016684	171,102	2,855	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	333,444	31,311,592	0.010649	11,441,984	121,846	73.00
76.00	ACUTE DIALYSIS	15,123	478,534	0.031603	396,826	12,541	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	4,650	216,612	0.021467	1,418	30	90.00
90.01	DIABETES EDUCATION	512	30,666	0.016696	82	1	90.01
90.04	ANTI COAGULATION CLINIC	1,041	63,690	0.016345	210	3	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0.000000	0	0	90.05
91.00	EMERGENCY	154,520	15,634,414	0.009883	1,819,708	17,984	91.00
92.00	OBSERVATION BEDS	33,407	751,900	0.044430	18,759	833	92.00
200.00	Total (lines 50-199)	4,272,509	295,099,177		70,991,680	1,077,675	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/18/2012 1:59 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
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: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/18/2012 1:59 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	20,670	0.00	12,783	0	30.00	
31.00	INTENSIVE CARE UNIT	3,113	0.00	1,879	0	31.00	
41.00	SUBPROVIDER - IRF	1,448	0.00	1,212	0	41.00	
43.00	NURSERY	1,379	0.00	0	0	43.00	
200.00	Total (Lines 30-199)	26,610		15,874	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140046

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
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
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
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01	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
76.00	ACUTE DIALYSIS	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	0	0	0	0	90.00
90.01	DIABETES EDUCATION	0	0	0	0	0	90.01
90.04	ANTI COAGULATION CLINIC	0	0	0	0	0	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.05
91.00	EMERGENCY	0	0	0	0	0	91.00
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: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/18/2012 1:59 pm
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Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	68,514,075	0.000000	0.000000	15,568,075	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	5,929,103	0.000000	0.000000	14,474	52.00
53.00 ANESTHESIOLOGY	0	9,110,138	0.000000	0.000000	1,265,535	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	30,010,385	0.000000	0.000000	4,637,453	54.00
54.01 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	54.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	0	37,999,218	0.000000	0.000000	5,104,878	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	9,022,127	0.000000	0.000000	534,317	58.00
59.00 CARDIAC CATHETERIZATION	0	23,616,965	0.000000	0.000000	9,599,594	59.00
60.00 LABORATORY	0	44,568,137	0.000000	0.000000	13,926,633	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
64.00 INTRAVENOUS THERAPY	0	1,414,790	0.000000	0.000000	8,025	64.00
65.00 RESPIRATORY THERAPY	0	3,225,206	0.000000	0.000000	1,878,757	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	65.98
66.00 PHYSICAL THERAPY	0	2,730,537	0.000000	0.000000	1,154,826	66.00
67.00 OCCUPATIONAL THERAPY	0	1,372,714	0.000000	0.000000	451,274	67.00
68.00 SPEECH PATHOLOGY	0	351,685	0.000000	0.000000	101,977	68.00
69.00 ELECTROCARDIOLOGY	0	8,436,747	0.000000	0.000000	2,895,773	69.00
70.01 NEUROLOGY	0	309,942	0.000000	0.000000	171,102	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	31,311,592	0.000000	0.000000	11,441,984	73.00
76.00 ACUTE DIALYSIS	0	478,534	0.000000	0.000000	396,826	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	216,612	0.000000	0.000000	1,418	90.00
90.01 DIABETES EDUCATION	0	30,666	0.000000	0.000000	82	90.01
90.04 ANTI COAGULATION CLINIC	0	63,690	0.000000	0.000000	210	90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0.000000	0.000000	0	90.05
91.00 EMERGENCY	0	15,634,414	0.000000	0.000000	1,819,708	91.00
92.00 OBSERVATION BEDS	0	751,900	0.000000	0.000000	18,759	92.00
200.00 Total (lines 50-199)	0	295,099,177			70,991,680	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/18/2012 1:59 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	11,070,126	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	6,379	0	52.00
53.00	ANESTHESIOLOGY	0	1,608,451	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	10,983,829	0	54.00
54.01	CARDIAC REHABILITATION	0	0	0	54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	9,152,529	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,897,170	0	58.00
59.00	CARDIAC CATHETERIZATION	0	4,475,246	0	59.00
60.00	LABORATORY	0	733,134	0	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
64.00	INTRAVENOUS THERAPY	0	613,664	0	64.00
65.00	RESPIRATORY THERAPY	0	184,114	0	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0	65.98
66.00	PHYSICAL THERAPY	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,727,717	0	69.00
70.01	NEUROLOGY	0	30,606	0	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	0	4,172,502	0	73.00
76.00	ACUTE DIALYSIS	0	15,084	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0	108,608	0	90.00
90.01	DIABETES EDUCATION	0	160	0	90.01
90.04	ANTI COAGULATION CLINIC	0	0	0	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	90.05
91.00	EMERGENCY	0	2,451,716	0	91.00
92.00	OBSERVATION BEDS	0	211,764	0	92.00
200.00	Total (Lines 50-199)	0	50,442,799	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/18/2012 1:59 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0.318581	11,070,126	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0.195776	6,379	0	0		52.00
53.00 ANESTHESIOLOGY	0.099473	1,608,451	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.177438	10,983,829	0	0		54.00
54.01 CARDIAC REHABILITATION	0.000000	0	0	0		54.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	0.035105	9,152,529	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.097190	2,897,170	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.228733	4,475,246	0	0		59.00
60.00 LABORATORY	0.169534	733,134	0	0		60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0		62.30
64.00 INTRAVENOUS THERAPY	0.336899	613,664	0	0		64.00
65.00 RESPIRATORY THERAPY	0.576853	184,114	0	0		65.00
65.98 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0		65.98
66.00 PHYSICAL THERAPY	0.534738	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.474792	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0.990531	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.184388	1,727,717	0	0		69.00
70.01 NEUROLOGY	0.311587	30,606	0	0		70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0		71.00
73.00 DRUGS CHARGED TO PATIENTS	0.260194	4,172,502	0	59,499		73.00
76.00 ACUTE DIALYSIS	1.209197	15,084	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	1.343102	108,608	0	0		90.00
90.01 DIABETES EDUCATION	1.722983	160	0	0		90.01
90.04 ANTI COAGULATION CLINIC	1.830743	0	0	0		90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	0		90.05
91.00 EMERGENCY	0.318924	2,451,716	0	0		91.00
92.00 OBSERVATION BEDS	0.821841	211,764	0	0		92.00
200.00 Subtotal (see instructions)		50,442,799	0	59,499		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		50,442,799	0	59,499		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/18/2012 1:59 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	3,526,732	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	1,249	0	0		52.00
53.00 ANESTHESIOLOGY	159,997	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,948,949	0	0		54.00
54.01 CARDIAC REHABILITATION	0	0	0		54.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	321,300	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	281,576	0	0		58.00
59.00 CARDIAC CATHETERIZATION	1,023,636	0	0		59.00
60.00 LABORATORY	124,291	0	0		60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
64.00 INTRAVENOUS THERAPY	206,743	0	0		64.00
65.00 RESPIRATORY THERAPY	106,207	0	0		65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0		65.98
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	318,570	0	0		69.00
70.01 NEUROLOGY	9,536	0	0		70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0		71.00
73.00 DRUGS CHARGED TO PATIENTS	1,085,660	0	15,481		73.00
76.00 ACUTE DIALYSIS	18,240	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 CLINIC	145,872	0	0		90.00
90.01 DIABETES EDUCATION	276	0	0		90.01
90.04 ANTI COAGULATION CLINIC	0	0	0		90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0		90.05
91.00 EMERGENCY	781,911	0	0		91.00
92.00 OBSERVATION BEDS	174,036	0	0		92.00
200.00 Subtotal (see instructions)	10,234,781	0	15,481		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	10,234,781	0	15,481		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140046 Component CCN: 14T046		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/18/2012 1:59 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	1,564,504	68,514,075	0.022835	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	52,609	5,929,103	0.008873	0	0	0	52.00
53.00 ANESTHESIOLOGY	119,210	9,110,138	0.013085	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	596,976	30,010,385	0.019892	21,383	425	54.00	54.00
54.01 CARDIAC REHABILITATION	0	0	0.000000	0	0	54.01	54.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	82,061	37,999,218	0.002160	12,546	27	57.00	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	148,466	9,022,127	0.016456	0	0	58.00	58.00
59.00 CARDIAC CATHETERIZATION	471,396	23,616,965	0.019960	0	0	59.00	59.00
60.00 LABORATORY	326,033	44,568,137	0.007315	150,801	1,103	60.00	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30	62.30
64.00 INTRAVENOUS THERAPY	27,205	1,414,790	0.019229	0	0	64.00	64.00
65.00 RESPIRATORY THERAPY	102,521	3,225,206	0.031787	26,802	852	65.00	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	65.98	65.98
66.00 PHYSICAL THERAPY	59,743	2,730,537	0.021880	490,691	10,736	66.00	66.00
67.00 OCCUPATIONAL THERAPY	21,588	1,372,714	0.015727	515,759	8,111	67.00	67.00
68.00 SPEECH PATHOLOGY	12,673	351,685	0.036035	64,759	2,334	68.00	68.00
69.00 ELECTROCARDIOLOGY	139,656	8,436,747	0.016553	5,760	95	69.00	69.00
70.01 NEUROLOGY	5,171	309,942	0.016684	0	0	70.01	70.01
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0	0	71.00	71.00
73.00 DRUGS CHARGED TO PATIENTS	333,444	31,311,592	0.010649	147,431	1,570	73.00	73.00
76.00 ACUTE DIALYSIS	15,123	478,534	0.031603	0	0	76.00	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 CLINIC	4,650	216,612	0.021467	0	0	90.00	90.00
90.01 DIABETES EDUCATION	512	30,666	0.016696	0	0	90.01	90.01
90.04 ANTI COAGULATION CLINIC	1,041	63,690	0.016345	0	0	90.04	90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0.000000	0	0	90.05	90.05
91.00 EMERGENCY	154,520	15,634,414	0.009883	0	0	91.00	91.00
92.00 OBSERVATION BEDS	33,407	751,900	0.044430	0	0	92.00	92.00
200.00 Total (lines 50-199)	4,272,509	295,099,177		1,435,932	25,253	200.00	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140046 Component CCN: 14T046	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/18/2012 1:59 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
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
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
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01 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
76.00 ACUTE DIALYSIS	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETES EDUCATION	0	0	0	0	0	90.01
90.04 ANTI COAGULATION CLINIC	0	0	0	0	0	90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.05
91.00 EMERGENCY	0	0	0	0	0	91.00
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: 140046 Component CCN: 14T046	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/18/2012 1:59 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	68,514,075	0.000000	0.000000	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	5,929,103	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	9,110,138	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	30,010,385	0.000000	0.000000	21,383	54.00
54.01 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	54.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	0	37,999,218	0.000000	0.000000	12,546	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	9,022,127	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	23,616,965	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	44,568,137	0.000000	0.000000	150,801	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
64.00 INTRAVENOUS THERAPY	0	1,414,790	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	3,225,206	0.000000	0.000000	26,802	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	65.98
66.00 PHYSICAL THERAPY	0	2,730,537	0.000000	0.000000	490,691	66.00
67.00 OCCUPATIONAL THERAPY	0	1,372,714	0.000000	0.000000	515,759	67.00
68.00 SPEECH PATHOLOGY	0	351,685	0.000000	0.000000	64,759	68.00
69.00 ELECTROCARDIOLOGY	0	8,436,747	0.000000	0.000000	5,760	69.00
70.01 NEUROLOGY	0	309,942	0.000000	0.000000	0	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	31,311,592	0.000000	0.000000	147,431	73.00
76.00 ACUTE DIALYSIS	0	478,534	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	216,612	0.000000	0.000000	0	90.00
90.01 DIABETES EDUCATION	0	30,666	0.000000	0.000000	0	90.01
90.04 ANTI COAGULATION CLINIC	0	63,690	0.000000	0.000000	0	90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0.000000	0.000000	0	90.05
91.00 EMERGENCY	0	15,634,414	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS	0	751,900	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	295,099,177			1,435,932	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/18/2012 1:59 pm
	Component CCN: 14T046	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	0	0	50.00
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
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
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.01 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
76.00 ACUTE DIALYSIS	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 CLINIC	0	0	0	90.00
90.01 DIABETES EDUCATION	0	0	0	90.01
90.04 ANTI COAGULATION CLINIC	0	0	0	90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	90.05
91.00 EMERGENCY	0	0	0	91.00
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: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/18/2012 1:59 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,026,048	0	1,026,048	20,670	49.64	30.00
31.00	INTENSIVE CARE UNIT	285,408		285,408	3,113	91.68	31.00
41.00	SUBPROVIDER - IRF	91,636	0	91,636	1,448	63.28	41.00
43.00	NURSERY	42,488		42,488	1,379	30.81	43.00
200.00	Total (lines 30-199)	1,445,580		1,445,580	26,610		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/18/2012 1:59 pm	
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	2,565	127,327				30.00
31.00	INTENSIVE CARE UNIT	404	37,039				31.00
41.00	SUBPROVIDER - IRF	38	2,405				41.00
43.00	NURSERY	813	25,049				43.00
200.00	Total (lines 30-199)	3,820	191,820				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/18/2012 1:59 pm
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,564,504	68,514,075	0.022835	3,121,493	71,279	50.00
52.00	DELIVERY ROOM & LABOR ROOM	52,609	5,929,103	0.008873	2,308,655	20,485	52.00
53.00	ANESTHESIOLOGY	119,210	9,110,138	0.013085	887,042	11,607	53.00
54.00	RADIOLOGY-DIAGNOSTIC	596,976	30,010,385	0.019892	587,174	11,680	54.00
54.01	CARDIAC REHABILITATION	0	0	0.000000	0	0	54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	82,061	37,999,218	0.002160	1,053,395	2,275	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	148,466	9,022,127	0.016456	74,676	1,229	58.00
59.00	CARDIAC CATHETERIZATION	471,396	23,616,965	0.019960	1,283,028	25,609	59.00
60.00	LABORATORY	326,033	44,568,137	0.007315	2,702,219	19,767	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	INTRAVENOUS THERAPY	27,205	1,414,790	0.019229	1,327	26	64.00
65.00	RESPIRATORY THERAPY	102,521	3,225,206	0.031787	266,442	8,469	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	65.98
66.00	PHYSICAL THERAPY	59,743	2,730,537	0.021880	84,422	1,847	66.00
67.00	OCCUPATIONAL THERAPY	21,588	1,372,714	0.015727	30,679	482	67.00
68.00	SPEECH PATHOLOGY	12,673	351,685	0.036035	7,910	285	68.00
69.00	ELECTROCARDIOLOGY	139,656	8,436,747	0.016553	312,340	5,170	69.00
70.01	NEUROLOGY	5,171	309,942	0.016684	15,528	259	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	333,444	31,311,592	0.010649	2,750,245	29,287	73.00
76.00	ACUTE DIALYSIS	15,123	478,534	0.031603	7,319	231	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	4,650	216,612	0.021467	0	0	90.00
90.01	DIABETES EDUCATION	512	30,666	0.016696	0	0	90.01
90.04	ANTI COAGULATION CLINIC	1,041	63,690	0.016345	0	0	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0.000000	0	0	90.05
91.00	EMERGENCY	154,520	15,634,414	0.009883	378,309	3,739	91.00
92.00	OBSERVATION BEDS	33,407	751,900	0.044430	0	0	92.00
200.00	Total (lines 50-199)	4,272,509	295,099,177		15,872,203	213,726	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/18/2012 1:59 pm	
Cost Center Description		Title XIX		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
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: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/18/2012 1:59 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	20,670	0.00	2,565	0	30.00	
31.00	INTENSIVE CARE UNIT	3,113	0.00	404	0	31.00	
41.00	SUBPROVIDER - IRF	1,448	0.00	38	0	41.00	
43.00	NURSERY	1,379	0.00	813	0	43.00	
200.00	Total (lines 30-199)	26,610		3,820	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140046

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
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
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
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01	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
76.00	ACUTE DIALYSIS	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	0	0	0	0	90.00
90.01	DIABETES EDUCATION	0	0	0	0	0	90.01
90.04	ANTI COAGULATION CLINIC	0	0	0	0	0	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.05
91.00	EMERGENCY	0	0	0	0	0	91.00
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: 140046

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/18/2012 1:59 pm

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	68,514,075	0.000000	0.000000	3,121,493	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	5,929,103	0.000000	0.000000	2,308,655	52.00
53.00	ANESTHESIOLOGY	0	9,110,138	0.000000	0.000000	887,042	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	30,010,385	0.000000	0.000000	587,174	54.00
54.01	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	37,999,218	0.000000	0.000000	1,053,395	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	9,022,127	0.000000	0.000000	74,676	58.00
59.00	CARDIAC CATHETERIZATION	0	23,616,965	0.000000	0.000000	1,283,028	59.00
60.00	LABORATORY	0	44,568,137	0.000000	0.000000	2,702,219	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
64.00	INTRAVENOUS THERAPY	0	1,414,790	0.000000	0.000000	1,327	64.00
65.00	RESPIRATORY THERAPY	0	3,225,206	0.000000	0.000000	266,442	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	65.98
66.00	PHYSICAL THERAPY	0	2,730,537	0.000000	0.000000	84,422	66.00
67.00	OCCUPATIONAL THERAPY	0	1,372,714	0.000000	0.000000	30,679	67.00
68.00	SPEECH PATHOLOGY	0	351,685	0.000000	0.000000	7,910	68.00
69.00	ELECTROCARDIOLOGY	0	8,436,747	0.000000	0.000000	312,340	69.00
70.01	NEUROLOGY	0	309,942	0.000000	0.000000	15,528	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	31,311,592	0.000000	0.000000	2,750,245	73.00
76.00	ACUTE DIALYSIS	0	478,534	0.000000	0.000000	7,319	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	216,612	0.000000	0.000000	0	90.00
90.01	DIABETES EDUCATION	0	30,666	0.000000	0.000000	0	90.01
90.04	ANTI COAGULATION CLINIC	0	63,690	0.000000	0.000000	0	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0.000000	0.000000	0	90.05
91.00	EMERGENCY	0	15,634,414	0.000000	0.000000	378,309	91.00
92.00	OBSERVATION BEDS	0	751,900	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	0	295,099,177			15,872,203	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140046

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
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
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
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
70.01	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
76.00	ACUTE DIALYSIS	0	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	0	0	0		90.00
90.01	DIABETES EDUCATION	0	0	0		90.01
90.04	ANTI COAGULATION CLINIC	0	0	0		90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0		90.05
91.00	EMERGENCY	0	0	0		91.00
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: 140046 Component CCN: 14T046		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/18/2012 1:59 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00				
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,564,504	68,514,075	0.022835	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	52,609	5,929,103	0.008873	0	0	52.00
53.00	ANESTHESIOLOGY	119,210	9,110,138	0.013085	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	596,976	30,010,385	0.019892	806	16	54.00
54.01	CARDIAC REHABILITATION	0	0	0.000000	0	0	54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	82,061	37,999,218	0.002160	1,892	4	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	148,466	9,022,127	0.016456	0	0	58.00
59.00	CARDIAC CATHETERIZATION	471,396	23,616,965	0.019960	0	0	59.00
60.00	LABORATORY	326,033	44,568,137	0.007315	892	7	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	INTRAVENOUS THERAPY	27,205	1,414,790	0.019229	0	0	64.00
65.00	RESPIRATORY THERAPY	102,521	3,225,206	0.031787	245	8	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	65.98
66.00	PHYSICAL THERAPY	59,743	2,730,537	0.021880	6,007	131	66.00
67.00	OCCUPATIONAL THERAPY	21,588	1,372,714	0.015727	5,631	89	67.00
68.00	SPEECH PATHOLOGY	12,673	351,685	0.036035	3,115	112	68.00
69.00	ELECTROCARDIOLOGY	139,656	8,436,747	0.016553	0	0	69.00
70.01	NEUROLOGY	5,171	309,942	0.016684	0	0	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	333,444	31,311,592	0.010649	581	6	73.00
76.00	ACUTE DIALYSIS	15,123	478,534	0.031603	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	4,650	216,612	0.021467	0	0	90.00
90.01	DIABETES EDUCATION	512	30,666	0.016696	0	0	90.01
90.04	ANTI COAGULATION CLINIC	1,041	63,690	0.016345	0	0	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0.000000	0	0	90.05
91.00	EMERGENCY	154,520	15,634,414	0.009883	0	0	91.00
92.00	OBSERVATION BEDS	33,407	751,900	0.044430	0	0	92.00
200.00	Total (lines 50-199)	4,272,509	295,099,177		19,169	373	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140046 Component CCN: 14T046	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/18/2012 1:59 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
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
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
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01 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
76.00 ACUTE DIALYSIS	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETES EDUCATION	0	0	0	0	0	90.01
90.04 ANTI COAGULATION CLINIC	0	0	0	0	0	90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.05
91.00 EMERGENCY	0	0	0	0	0	91.00
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: 140046 Component CCN: 14T046	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/18/2012 1:59 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	68,514,075	0.000000	0.000000	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	5,929,103	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	9,110,138	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	30,010,385	0.000000	0.000000	806	54.00
54.01 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	54.01
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	0	37,999,218	0.000000	0.000000	1,892	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	9,022,127	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	23,616,965	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	44,568,137	0.000000	0.000000	892	60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
64.00 INTRAVENOUS THERAPY	0	1,414,790	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	3,225,206	0.000000	0.000000	245	65.00
65.98 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	65.98
66.00 PHYSICAL THERAPY	0	2,730,537	0.000000	0.000000	6,007	66.00
67.00 OCCUPATIONAL THERAPY	0	1,372,714	0.000000	0.000000	5,631	67.00
68.00 SPEECH PATHOLOGY	0	351,685	0.000000	0.000000	3,115	68.00
69.00 ELECTROCARDIOLOGY	0	8,436,747	0.000000	0.000000	0	69.00
70.01 NEUROLOGY	0	309,942	0.000000	0.000000	0	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	31,311,592	0.000000	0.000000	581	73.00
76.00 ACUTE DIALYSIS	0	478,534	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	216,612	0.000000	0.000000	0	90.00
90.01 DIABETES EDUCATION	0	30,666	0.000000	0.000000	0	90.01
90.04 ANTI COAGULATION CLINIC	0	63,690	0.000000	0.000000	0	90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0.000000	0.000000	0	90.05
91.00 EMERGENCY	0	15,634,414	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS	0	751,900	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	295,099,177			19,169	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140046 Component CCN: 14T046	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/18/2012 1:59 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
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
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.01 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
76.00 ACUTE DIALYSIS	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 CLINIC	0	0	0	90.00
90.01 DIABETES EDUCATION	0	0	0	90.01
90.04 ANTI COAGULATION CLINIC	0	0	0	90.04
90.05 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	90.05
91.00 EMERGENCY	0	0	0	91.00
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: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/18/2012 1:59 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,670	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,670	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		422	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		20,248	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)		12,783	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		18,979,069	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)		18,979,069	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		12,613,538	28.00
29.00	Private room charges (excluding swing-bed charges)		236,480	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		12,377,058	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.504659	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		560.38	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		611.27	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)		18,979,069	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		918.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,737,223	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)		11,737,223	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/18/2012 1:59 pm				
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00		
42.00	Intensive Care Type Inpatient Hospital Units			0	0	0.00	0	42.00	
43.00	INTENSIVE CARE UNIT			5,178,058	3,113	1,663.37	1,879	3,125,472	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)							17,383,556	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							32,246,251	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)							806,815	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							1,077,675	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							1,884,490	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							30,361,761	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)							673	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							918.19	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							617,942	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/18/2012 1:59 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,026,048	18,979,069	0.054062	617,942	33,407	90.00
91.00	Nursing School cost	0	18,979,069	0.000000	617,942	0	91.00
92.00	Allied health cost	0	18,979,069	0.000000	617,942	0	92.00
93.00	All other Medical Education	0	18,979,069	0.000000	617,942	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14T046		Date/Time Prepared: 5/18/2012 1:59 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,448	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,448	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)		1,448	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,212	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,588,787	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,588,787	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		793,252	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		793,252	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		2.002878	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)		547.83	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,588,787	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,097.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,329,843	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,329,843	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
					Component CCN: 14T046		Date/Time Prepared: 5/18/2012 1:59 pm
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					656,188	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,986,031	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					76,695	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					25,253	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					101,948	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,884,083	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140046 Component CCN: 14T046		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/18/2012 1:59 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	91,636	1,588,787	0.057677	0	0	90.00
91.00	Nursing School cost	0	1,588,787	0.000000	0	0	91.00
92.00	Allied health cost	0	1,588,787	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,588,787	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/18/2012 1:59 pm
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,670	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,670	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		422	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		20,248	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)		2,565	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,379	15.00
16.00	Nursery days (title V or XIX only)		813	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		18,979,069	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)		18,979,069	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		12,613,538	28.00
29.00	Private room charges (excluding swing-bed charges)		236,480	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		12,377,058	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.504659	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		560.38	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		611.27	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)		18,979,069	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		918.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,355,157	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)		2,355,157	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/18/2012 1:59 pm		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	1,212,804	1,379	879.48	813	715,017	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,178,058	3,113	1,663.37	404	672,001	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,571,238	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,313,413	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)					189,415	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					213,726	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					403,141	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,910,272	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)					673	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					918.19	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					617,942	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/18/2012 1:59 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,026,048	18,979,069	0.054062	617,942	33,407	90.00
91.00	Nursing School cost	0	18,979,069	0.000000	617,942	0	91.00
92.00	Allied health cost	0	18,979,069	0.000000	617,942	0	92.00
93.00	All other Medical Education	0	18,979,069	0.000000	617,942	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14T046		Date/Time Prepared: 5/18/2012 1:59 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,448	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,448	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)		1,448	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)		38	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,379	15.00
16.00	Nursery days (title V or XIX only)		813	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,588,787	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,588,787	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		793,252	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		793,252	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		2.002878	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)		547.83	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,588,787	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,097.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		41,695	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)		41,695	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140046		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14T046				Date/Time Prepared: 5/18/2012 1:59 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 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)					9,625		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					51,320		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,405		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					373		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,778		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					48,542		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140046 Component CCN: 14T046		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/18/2012 1:59 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	91,636	1,588,787	0.057677	0	0	90.00
91.00	Nursing School cost	0	1,588,787	0.000000	0	0	91.00
92.00	Allied health cost	0	1,588,787	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,588,787	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		7,781,949		30.00
31.00	INTENSIVE CARE UNIT		2,356,186		31.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.318581	15,568,075	4,959,693	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.195776	14,474	2,834	52.00
53.00	ANESTHESIOLOGY	0.105543	1,265,535	133,568	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.177888	4,637,453	824,947	54.00
54.01	CARDIAC REHABILITATION	0.000000	0	0	54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0.035105	5,104,878	179,207	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.097190	534,317	51,930	58.00
59.00	CARDIAC CATHETERIZATION	0.228733	9,599,594	2,195,744	59.00
60.00	LABORATORY	0.169534	13,926,633	2,361,038	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
64.00	INTRAVENOUS THERAPY	0.336899	8,025	2,704	64.00
65.00	RESPIRATORY THERAPY	0.579600	1,878,757	1,088,928	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	65.98
66.00	PHYSICAL THERAPY	0.534738	1,154,826	617,529	66.00
67.00	OCCUPATIONAL THERAPY	0.474792	451,274	214,261	67.00
68.00	SPEECH PATHOLOGY	0.990531	101,977	101,011	68.00
69.00	ELECTROCARDIOLOGY	0.185449	2,895,773	537,018	69.00
70.01	NEUROLOGY	0.328400	171,102	56,190	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	0.260194	11,441,984	2,977,136	73.00
76.00	ACUTE DIALYSIS	1.209197	396,826	479,841	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	1.343102	1,418	1,905	90.00
90.01	DIABETES EDUCATION	1.722983	82	141	90.01
90.04	ANTI COAGULATION CLINIC	1.830743	210	384	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	90.05
91.00	EMERGENCY	0.319903	1,819,708	582,130	91.00
92.00	OBSERVATION BEDS	0.821841	18,759	15,417	92.00
200.00	Total (sum of lines 50-94 and 96-98)		70,991,680	17,383,556	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)		70,991,680		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14T046		Date/Time Prepared: 5/18/2012 1:59 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
41.00	SUBPROVIDER - IRF		665,178		41.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.318581	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.195776	0	0	52.00
53.00	ANESTHESIOLOGY	0.105543	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.177888	21,383	3,804	54.00
54.01	CARDIAC REHABILITATION	0.000000	0	0	54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0.035105	12,546	440	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.097190	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.228733	0	0	59.00
60.00	LABORATORY	0.169534	150,801	25,566	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
64.00	INTRAVENOUS THERAPY	0.336899	0	0	64.00
65.00	RESPIRATORY THERAPY	0.579600	26,802	15,534	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	65.98
66.00	PHYSICAL THERAPY	0.534738	490,691	262,391	66.00
67.00	OCCUPATIONAL THERAPY	0.474792	515,759	244,878	67.00
68.00	SPEECH PATHOLOGY	0.990531	64,759	64,146	68.00
69.00	ELECTROCARDIOLOGY	0.185449	5,760	1,068	69.00
70.01	NEUROLOGY	0.328400	0	0	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	0.260194	147,431	38,361	73.00
76.00	ACUTE DIALYSIS	1.209197	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	1.343102	0	0	90.00
90.01	DIABETES EDUCATION	1.722983	0	0	90.01
90.04	ANTI COAGULATION CLINIC	1.830743	0	0	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	90.05
91.00	EMERGENCY	0.319903	0	0	91.00
92.00	OBSERVATION BEDS	0.821841	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,435,932	656,188	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,435,932		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XIX		Hospital	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		1,541,196		30.00
31.00	INTENSIVE CARE UNIT		469,973		31.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY		426,689		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.318581	3,121,493	994,448	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.195776	2,308,655	451,979	52.00
53.00	ANESTHESIOLOGY	0.105543	887,042	93,621	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.177888	587,174	104,451	54.00
54.01	CARDIAC REHABILITATION	0.000000	0	0	54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0.035105	1,053,395	36,979	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.097190	74,676	7,258	58.00
59.00	CARDIAC CATHETERIZATION	0.228733	1,283,028	293,471	59.00
60.00	LABORATORY	0.169534	2,702,219	458,118	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
64.00	INTRAVENOUS THERAPY	0.336899	1,327	447	64.00
65.00	RESPIRATORY THERAPY	0.579600	266,442	154,430	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	65.98
66.00	PHYSICAL THERAPY	0.534738	84,422	45,144	66.00
67.00	OCCUPATIONAL THERAPY	0.474792	30,679	14,566	67.00
68.00	SPEECH PATHOLOGY	0.990531	7,910	7,835	68.00
69.00	ELECTROCARDIOLOGY	0.185449	312,340	57,923	69.00
70.01	NEUROLOGY	0.328400	15,528	5,099	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	0.260194	2,750,245	715,597	73.00
76.00	ACUTE DIALYSIS	1.209197	7,319	8,850	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	1.343102	0	0	90.00
90.01	DIABETES EDUCATION	1.722983	0	0	90.01
90.04	ANTI COAGULATION CLINIC	1.830743	0	0	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	90.05
91.00	EMERGENCY	0.319903	378,309	121,022	91.00
92.00	OBSERVATION BEDS	0.821841	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		15,872,203	3,571,238	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)		15,872,203		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14T046		Date/Time Prepared: 5/18/2012 1:59 pm	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
41.00	SUBPROVIDER - IRF		8,752		41.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.318581	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.195776	0	0	52.00
53.00	ANESTHESIOLOGY	0.105543	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.177888	806	143	54.00
54.01	CARDIAC REHABILITATION	0.000000	0	0	54.01
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0.035105	1,892	66	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.097190	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.228733	0	0	59.00
60.00	LABORATORY	0.169534	892	151	60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
64.00	INTRAVENOUS THERAPY	0.336899	0	0	64.00
65.00	RESPIRATORY THERAPY	0.579600	245	142	65.00
65.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	65.98
66.00	PHYSICAL THERAPY	0.534738	6,007	3,212	66.00
67.00	OCCUPATIONAL THERAPY	0.474792	5,631	2,674	67.00
68.00	SPEECH PATHOLOGY	0.990531	3,115	3,086	68.00
69.00	ELECTROCARDIOLOGY	0.185449	0	0	69.00
70.01	NEUROLOGY	0.328400	0	0	70.01
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	71.00
73.00	DRUGS CHARGED TO PATIENTS	0.260194	581	151	73.00
76.00	ACUTE DIALYSIS	1.209197	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	1.343102	0	0	90.00
90.01	DIABETES EDUCATION	1.722983	0	0	90.01
90.04	ANTI COAGULATION CLINIC	1.830743	0	0	90.04
90.05	OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	90.05
91.00	EMERGENCY	0.319903	0	0	91.00
92.00	OBSERVATION BEDS	0.821841	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		19,169	9,625	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)		19,169		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/18/2012 1:59 pm
		Title XVII I	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		23,564,746	1.00
2.00	Outlier payments for discharges. (see instructions)		381,624	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)		125.67	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.61	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		16.24	31.00
32.00	Sum of lines 30 and 31		21.85	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.24	33.00
34.00	Disproportionate share adjustment (see instructions)		1,706,088	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		25,652,458	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		25,652,458	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,914,839	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: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/18/2012 1:59 pm
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			27,567,297 59.00
60.00	Primary payer payments			31,588 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			27,535,709 61.00
62.00	Deductibles billed to program beneficiaries			2,626,764 62.00
63.00	Coinsurance billed to program beneficiaries			30,564 63.00
64.00	Allowable bad debts (see instructions)			625,997 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			438,198 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			487,261 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			25,316,579 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)			25,316,579 71.00
72.00	Interim payments			25,717,496 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)			-400,917 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			50,000 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/18/2012 1:59 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		15,481	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,234,781	2.00
3.00	PPS payments		9,337,553	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)		15,481	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		59,499	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)		59,499	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		59,499	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		44,018	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)		15,481	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)		9,337,553	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,070,645	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)		7,282,389	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)		7,282,389	30.00
31.00	Primary payer payments		532	31.00
32.00	Subtotal (line 30 minus line 31)		7,281,857	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		554,409	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		388,086	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		456,533	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,669,943	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-115	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)		7,670,058	40.00
41.00	Interim payments		7,637,774	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)		32,284	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/18/2012 1:59 pm
		Component CCN: 14T046	Title XVIIII	Subprovider - IRF
				PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140046

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/18/2012 1:59 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		25,642,436		7,625,912	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	08/04/2011	75,060	08/04/2011	11,862	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)		75,060		11,862	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)		25,717,496		7,637,774	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		32,284	6.01
6.02	SETTLEMENT TO PROGRAM		400,917		0	6.02
7.00	Total Medicare program liability (see instructions)		25,316,579		7,670,058	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: 140046  
Component CCN: 14T046

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/18/2012 1:59 pm  
PPS

Title XVIII

Subprovider -  
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
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		1,816,342		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,816,342		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,617		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,817,959		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/18/2012 1:59 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DATA COLLECTION NEEDED FOR THE HIT CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			6,238 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			14,662 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			351 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			23,110 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			312,935,038 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			10,328,036 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/18/2012 1:59 pm
		Component CCN: 14T046	Title XVIII	Subprovider - IRF
				PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			1,766,093 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0464 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			58,066 3.00
4.00	Outlier Payments			560 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			3.967123 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			1,824,719 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,824,719 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,824,719 19.00
20.00	Deductibles			6,760 20.00
21.00	Subtotal (line 19 minus line 20)			1,817,959 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			1,817,959 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,817,959 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,817,959 32.00
33.00	Interim payments			1,816,342 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			1,617 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/18/2012 1:59 pm
		Title XIX	Hospital	PPS
		1.00		
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		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
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		15,872,203	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)		15,872,203	12.00
<b>CUSTOMARY CHRGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		15,872,203	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		15,872,203	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
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		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: 140046 Component CCN: 14T046	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/18/2012 1:59 pm
		Title XIX	Subprovider - IRF	PPS
				1.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		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
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		19,169	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)		19,169	12.00
<b>CUSTOMARY CHRGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		19,169	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		19,169	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
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		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: 140046

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

Worksheet G

Date/Time Prepared:  
5/18/2012 1:59 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	5,839,846	0	0	0	1.00
2.00	Temporary investments	266,279	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	25,904,377	0	0	0	4.00
5.00	Other receivable	1,408,808	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-2,333,000	0	0	0	6.00
7.00	Inventory	3,671,767	0	0	0	7.00
8.00	Prepaid expenses	2,288,285	0	0	0	8.00
9.00	Other current assets	0	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)	37,046,362	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	864,622	0	0	0	12.00
13.00	Land improvements	1,480,528	0	0	0	13.00
14.00	Accumulated depreciation	-1,010,939	0	0	0	14.00
15.00	Buildings	19,773,002	0	0	0	15.00
16.00	Accumulated depreciation	-14,238,330	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	115,775,383	0	0	0	19.00
20.00	Accumulated depreciation	-1,591,524	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	42,423,931	0	0	0	23.00
24.00	Accumulated depreciation	-35,659,462	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)	127,817,211	0	0	0	30.00
<b>OTHER ASSETS</b>						
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	10,774,474	592,367	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	10,774,474	592,367	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	175,638,047	592,367	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	16,003,938	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)	488,536	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	8,656,833	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,149,307	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	32,514,671	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	8,028,274	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	40,542,945	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	65,692,252	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	109,945,795				52.00
53.00	Specific purpose fund		592,367			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)	109,945,795	592,367	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	175,638,047	592,367	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140046

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

Worksheet G-1

Date/Time Prepared:  
5/18/2012 1:59 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		87,707,875		559,167	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		17,655,439			2.00
3.00	Total (sum of line 1 and line 2)		105,363,314		559,167	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	TRANSFERS	4,582,481		33,200		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)		4,582,481		33,200	10.00
11.00	Subtotal (line 3 plus line 10)		109,945,795		592,367	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	TRANSFERS	0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		109,945,795		592,367	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140046

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

Worksheet G-1

Date/Time Prepared:  
5/18/2012 1:59 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140046

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

Worksheet G-2 Parts  
Date/Time Prepared:  
5/18/2012 1:59 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	15,317,095		15,317,095	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	793,252		793,252	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)	16,110,347		16,110,347	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,892,291		3,892,291	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)	3,892,291		3,892,291	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	20,002,638		20,002,638	17.00
18.00	Ancillary services	131,486,563	156,333,883	287,820,446	18.00
19.00	Outpatient services	3,417,483	13,576,435	16,993,918	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	0	0	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)	154,906,684	169,910,318	324,817,002	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		122,200,566		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)		122,200,566		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140046

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

Worksheet G-3

Date/Time Prepared:  
5/18/2012 1:59 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	324,817,002	1.00
2.00	Less contractual allowances and discounts on patients' accounts	189,462,230	2.00
3.00	Net patient revenues (line 1 minus line 2)	135,354,772	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	122,200,566	4.00
5.00	Net income from service to patients (line 3 minus line 4)	13,154,206	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,755,441	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	9,493	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	400,253	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	9,899	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	14,102	21.00
22.00	Rental of hospital space	570,711	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	1,741,334	24.00
25.00	Total other income (sum of lines 6-24)	4,501,233	25.00
26.00	Total (line 5 plus line 25)	17,655,439	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)	17,655,439	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140046	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/18/2012 1:59 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,896,684	1.00
2.00	Capital DRG outlier payments		18,155	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		64.15	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)		1,914,839	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00