

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: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/29/2012 2:13 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2012 Time: 2:13 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 GATEWAY REGIONAL 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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	171,114	-243	0	0	1.00
2.00 Subprovider - IPF	0	-8,123	0		0	2.00
3.00 Subprovider - IRF	0	42,624	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	3,804	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	209,419	-243	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.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 140125

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

Worksheet S Parts I-III Date/Time Prepared: 5/29/2012 2:13 pm

PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: 5/29/2012 Time: 2:13 pm

2. Manually submitted cost report

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

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

Contractor use only

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

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

10. NPR Date: 11. Contractor's Vendor Code: 04 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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Encryption Information
 ECR: Date: 5/29/2012 Time: 2:13 pm
 06rKI Yl kA8aN4w0e4She0Kf1GpM4o0
 Opk2S0. GPxV9NrWDRggmsi SR2xbi JD
 aWCR1J3ywp0HHzs9
 PI: Date: 5/29/2012 Time: 2:13 pm
 6zfSabU0xsw7l cNyJ6vYqUQwdV1i V1
 i Vb0G07bvP2PZTegRhheSfxUdP8hcn
 xl Rf5cxTH40L: 36q

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
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4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	3,804	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	209,419	-243	0	0	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140125		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 1:39 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 62040 County: MADISON				
1.00 Street: 2100 MADISON AVE		2.00 City: GRANITE CITY								
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		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	GATEWAY REGIONAL	140125	41180	1	07/01/1969	N	P	N	3.00
4.00	Subprovider - IPF	PSYCH DPU	14S125	41180	4	01/01/1984	N	P	N	4.00
5.00	Subprovider - IRF	REHAB DPU	14T125	41180	5	12/31/2001	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF	HOSPITAL BASED SNF	145562	41180		05/23/1986	N	P	N	9.00
10.00	Hospital-Based NF						N		N	10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA						N	N	N	12.00
13.00	Separately Certified ASC						N	N	N	13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N	16.00
17.00	Hospital-Based (CMHC) 1									17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
					From:		To:			
					1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)				01/01/2011		12/31/2011		20.00	
21.00	Type of Control (see instructions)						4		21.00	
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y		N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.				3		N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	11,584	821	499	42	301	0		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	197	0	0	0	0	0		25.00	
					Urban/Rural	S	Date of Geogr			
					1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.				1			26.00		
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).				1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.				0			35.00		
					Beginni ng:	Endi ng:				
					1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscriber line 36 for number of periods in excess of one and enter subsequent dates.								36.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 1:39 pm		
		Beginning: 1.00	Ending: 2.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140125

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2012 1:39 pm

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

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				1.00	2.00	3.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0	76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.				N		80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.				N		86.00
				V		XIX	
				1.00		2.00	
Title V or XIX Inpatient Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical		Occupational	
				1.00		2.00	
				Speech		Respiratory	
				3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			Y	N	N	109.00
				1.00		2.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.			N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			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		5,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 140125		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 1:39 pm		
			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	449008	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: COMMUNITY HEALTH SYSTEMS, INC.		Contractor's Name: WPS		Contractor's Number: 522280			141.00	
142.00	Street: 4000 MERIDIAN BOULEVARD		PO Box: 52280					142.00	
143.00	City: FRANKLIN		State: TN		Zip Code: 37067			143.00	
							1.00		
144.00	Are provider based physicians' costs included in Worksheet A?						Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						Y		145.00
			1.00	2.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N		149.00
					Part A	Part B			
					1.00	2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital						N	N	155.00
156.00	Subprovider - IPF						N	N	156.00
157.00	Subprovider - IRF						N	N	157.00
158.00	SUBPROVIDER						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
							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
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 1:39 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
			1.00	2.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
			Y/N	Type
			1.00	2.00
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.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N	Legal Oper.
			1.00	2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2012	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: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 1:39 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	N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	12/31/2011	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140125

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2012 1:39 pm

		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	04/03/2012	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: 140125

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 1:39 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	277	101,105	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)		277	101,105	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00		8.00
8.01 NICU	31.01	0	0	0.00		8.01
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)	43.00	289	105,485	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	17	6,205			16.00
17.00 SUBPROVIDER - IRF	41.00	14	5,110			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	19	6,935			19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		339				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
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: 140125

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 1:39 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	10,534	11,260	32,333		1.00
2.00 HMO		3,405	842			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	10,534	11,260	32,333		7.00
8.00 INTENSIVE CARE UNIT	0	934	631	1,861		8.00
8.01 NICU	0	0	0	0		8.01
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		514	597		13.00
14.00 Total (see instructions)	0	11,468	12,405	34,791		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	2,816	18	4,100		16.00
17.00 SUBPROVIDER - IRF	0	860	197	1,282		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	2,687	0	3,771		19.00
20.00 NURSING FACILITY	0		0	0		20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	0		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140125

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	2,201	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
8.01 NICU						8.01
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	558.60	0.00	0	2,201	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	16.28	0.00	0	342	16.00
17.00 SUBPROVIDER - IRF	0.00	9.70	0.00	0	71	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	14.62	0.00	0.00		19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	599.20	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
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: 140125

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 1:39 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)	2,104	6,970		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
8.01 NICU				8.01
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)	2,104	6,970		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	78	533		16.00
17.00 SUBPROVIDER - IRF	18	109		17.00
18.00 SUBPROVIDER	0	0		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
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
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: 140125

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2012 1:39 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	31,087,024	0	31,087,024	1,246,342.00 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A		0	0	0	0.00 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		0	0	0	0.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	718,201	0	718,201	30,413.00 9.00
10.00	Excluded area salaries (see instructions)		1,441,001	155,002	1,596,003	65,371.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		77,300	0	77,300	624.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		0	0	0	0.00 13.00
14.00	Home office salaries & wage-related costs		1,981,642	0	1,981,642	28,585.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		6,554,102	0	6,554,102	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		527,148	0	527,148	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A		0	0	0	
23.00	Physician Part B		0	0	0	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		0	0	0	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	207,782	0	207,782	8,092.00 26.00
27.00	Administrative & General	5.00	4,209,600	97,694	4,307,294	186,717.00 27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	1,113,806	0	1,113,806	61,974.00 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00 31.00
32.00	Housekeeping	9.00	0	0	0	0.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	0	0	0	0.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	0	0	0.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	1,483,694	0	1,483,694	44,614.00 38.00
39.00	Central Services and Supply	14.00	261,633	0	261,633	17,875.00 39.00
40.00	Pharmacy	15.00	1,462,374	0	1,462,374	40,170.00 40.00
41.00	Medical Records & Medical Records Library	16.00	666,806	0	666,806	41,843.00 41.00
42.00	Social Service	17.00	0	0	0	0.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/29/2012 1:39 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	24.94	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	23.61	9.00
10.00	Excluded area salaries (see instructions)	24.41	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	123.88	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	13.00
14.00	Home office salaries & wage-related costs	69.32	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	25.68	26.00
27.00	Administrative & General	23.07	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	17.97	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	0.00	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	0.00	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	33.26	38.00
39.00	Central Services and Supply	14.64	39.00
40.00	Pharmacy	36.40	40.00
41.00	Medical Records & Medical Records Library	15.94	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140125

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2012 1:39 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	31,087,024	0	31,087,024	1,246,342.00	1.00
2.00	Excluded area salaries (see instructions)	2,159,202	155,002	2,314,204	95,784.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	28,927,822	-155,002	28,772,820	1,150,558.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,058,942	0	2,058,942	29,209.00	4.00
5.00	Subtotal wage-related costs (see inst.)	6,554,102	0	6,554,102	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	37,540,866	-155,002	37,385,864	1,179,767.00	6.00
7.00	Total overhead cost (see instructions)	9,405,695	97,694	9,503,389	401,285.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140125

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2012 1:39 pm

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

PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	24.94	1.00
2.00	Excluded area salaries (see instructions)	24.16	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25.01	3.00
4.00	Subtotal other wages & related costs (see inst.)	70.49	4.00
5.00	Subtotal wage-related costs (see inst.)	22.78	5.00
6.00	Total (sum of lines 3 thru 5)	31.69	6.00
7.00	Total overhead cost (see instructions)	23.68	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140125

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/29/2012 1:39 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	771,475	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	2,880,656	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	39,561	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	37,621	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	15,326	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	695,088	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	1,801,295	17.00
18.00	Medicare Taxes - Employers Portion Only	421,271	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	418,958	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	7,081,251	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140125

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

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	77,300	7,081,250	1.00
2.00	Hospital	77,300	6,900,558	2.00
3.00	Subprovider - IPF	0	74,405	3.00
4.00	Subprovider - IRF	0	41,735	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	64,552	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC	0	0	10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140125

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

Worksheet S-7

Date/Time Prepared:
5/29/2012 1:39 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	32	0	32	5.00
6.00	RVL	54	0	54	6.00
7.00	RHX	29	0	29	7.00
8.00	RHL	114	0	114	8.00
9.00	RMX	35	0	35	9.00
10.00	RML	185	0	185	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	44	0	44	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	83	0	83	15.00
16.00	RVB	258	0	258	16.00
17.00	RVA	78	0	78	17.00
18.00	RHC	151	0	151	18.00
19.00	RHB	457	0	457	19.00
20.00	RHA	207	0	207	20.00
21.00	RMC	150	0	150	21.00
22.00	RMB	325	0	325	22.00
23.00	RMA	98	0	98	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	57	0	57	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	17	0	17	32.00
33.00	HC2	28	0	28	33.00
34.00	HC1	28	0	28	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	92	0	92	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	3	0	3	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	19	0	19	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	21	0	21	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	2	0	2	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	113	0	113	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	3	0	3	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140125

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

Worksheet S-7

Date/Time Prepared:
5/29/2012 1:39 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	2	0	2	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	2	0	2	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		2,687	0	2,687	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		41180	41180	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		7,152,891			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/29/2012 1:39 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.113566		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		15,260,272		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		570,414		5.00	
6.00	Medicaid charges		156,684,654		6.00	
7.00	Medicaid cost (line 1 times line 6)		17,794,049		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)		1,963,363		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,963,363		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		17,345,817	5,612,185	22,958,002	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		1,969,895	637,353	2,607,248	21.00
22.00	Partial payment by patients approved for charity care		3,478	1,758	5,236	22.00
23.00	Cost of charity care (line 21 minus line 22)		1,966,417	635,595	2,602,012	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)		13,778,056			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		675,045			27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		13,103,011			28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,488,057			29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		4,090,069			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,053,432			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140125

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

Worksheet A

Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		2,376,423	2,376,423	924,333	3,300,756	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		3,016,467	3,016,467	1,046,501	4,062,968	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	207,782	271,858	479,640	4,519,906	4,999,546	4.00
5.00 ADMINISTRATIVE & GENERAL	4,209,600	47,594,506	51,804,106	-5,822,340	45,981,766	5.00
7.00 OPERATION OF PLANT	1,113,806	2,509,734	3,623,540	-6,514	3,617,026	7.00
8.00 LAUNDRY & LINEN SERVICE	0	349,482	349,482	0	349,482	8.00
9.00 HOUSEKEEPING	0	2,090,312	2,090,312	0	2,090,312	9.00
10.00 DIETARY	0	1,608,263	1,608,263	-7,985	1,600,278	10.00
11.00 CAFETERIA	0	0	0	7,985	7,985	11.00
13.00 NURSING ADMINISTRATION	1,483,694	245,019	1,728,713	-9,888	1,718,825	13.00
14.00 CENTRAL SERVICES & SUPPLY	261,633	128,867	390,500	50,038	440,538	14.00
15.00 PHARMACY	1,462,374	2,187,212	3,649,586	-1,954,989	1,694,597	15.00
16.00 MEDICAL RECORDS & LIBRARY	666,806	491,762	1,158,568	0	1,158,568	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,988,847	2,741,431	9,730,278	0	9,730,278	30.00
31.00 INTENSIVE CARE UNIT	989,318	308,635	1,297,953	0	1,297,953	31.00
31.01 NICU	0	0	0	0	0	31.01
40.00 SUBPROVIDER - I/PF	902,934	319,607	1,222,541	0	1,222,541	40.00
41.00 SUBPROVIDER - I/RF	490,117	165,514	655,631	0	655,631	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	198,053	51,234	249,287	0	249,287	43.00
44.00 SKILLED NURSING FACILITY	718,201	209,596	927,797	0	927,797	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,966,760	4,733,271	6,700,031	-3,149,135	3,550,896	50.00
51.00 RECOVERY ROOM	302,592	68,616	371,208	0	371,208	51.00
52.00 DELIVERY ROOM & LABOR ROOM	362,236	69,640	431,876	0	431,876	52.00
53.00 ANESTHESIOLOGY	0	1,873,902	1,873,902	0	1,873,902	53.00
54.00 RADIOLOGY-DIAGNOSTIC	898,596	841,176	1,739,772	626,761	2,366,533	54.00
54.01 ULTRA-SOUND	89,879	34,879	124,758	-124,758	0	54.01
54.02 CT SCAN	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	54.03
56.00 RADIOLOGY	60,250	78,440	138,690	-138,690	0	56.00
57.00 CT SCAN	238,759	129,207	367,966	-367,966	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	97,213	83,564	180,777	-180,777	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,860,208	1,813,337	3,673,545	-714,305	2,959,240	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	719,957	274,455	994,412	-76,043	918,369	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	862,057	120,496	982,553	257,798	1,240,351	66.00
67.00 OCCUPATIONAL THERAPY	219,655	18,472	238,127	-238,127	0	67.00
68.00 SPEECH PATHOLOGY	67,517	18,684	86,201	-86,201	0	68.00
69.00 ELECTROCARDIOLOGY	845,896	1,155,691	2,001,587	-510,665	1,490,922	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,858,968	1,858,968	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,420,405	1,420,405	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	1,794,550	1,794,550	73.00
74.00 RENAL DIALYSIS	0	227,937	227,937	-18	227,919	74.00
76.00 ACUPUNCTURE	0	0	0	0	0	76.00
76.01 SLEEP LAB	194,243	53,050	247,293	-2,472	244,821	76.01
76.02 PSYCH SERVICES	328,023	301,950	629,973	-269,329	360,644	76.02
76.03 WOUND CARE	63,346	391,727	455,073	-3,221	451,852	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	459,403	57,144	516,547	-511,447	5,100	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	1,109,856	1,109,856	90.00
91.00 EMERGENCY	1,709,319	1,143,093	2,852,412	-9,600	2,842,812	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 RHC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140125

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

Worksheet A
Date/Time Prepared:
5/29/2012 1:39 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	
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	31,039,074	80,154,653	111,193,727	-567,369	110,626,358	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	260,758	260,758	-5,366	255,392	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OTHER NONREIMB - MARKETING	0	0	0	477,996	477,996	194.01
194.02 OTHER NONREIMB - SENIOR CIRCLE	47,950	19,983	67,933	94,739	162,672	194.02
194.03 VNA	0	0	0	0	0	194.03
194.04 OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04
194.06 OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06
194.07 OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07
194.08 OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08
200.00 TOTAL (SUM OF LINES 118-199)	31,087,024	80,435,394	111,522,418	0	111,522,418	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140125

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

Worksheet A
Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,907,844	5,208,600	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-799,619	3,263,349	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-7,284	4,992,262	4.00
5.00	ADMINISTRATIVE & GENERAL	-36,046,238	9,935,528	5.00
7.00	OPERATION OF PLANT	0	3,617,026	7.00
8.00	LAUNDRY & LINEN SERVICE	0	349,482	8.00
9.00	HOUSEKEEPING	0	2,090,312	9.00
10.00	DIETARY	0	1,600,278	10.00
11.00	CAFETERIA	0	7,985	11.00
13.00	NURSING ADMINISTRATION	-400	1,718,425	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	440,538	14.00
15.00	PHARMACY	0	1,694,597	15.00
16.00	MEDICAL RECORDS & LIBRARY	-6,751	1,151,817	16.00
17.00	SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-803,981	8,926,297	30.00
31.00	INTENSIVE CARE UNIT	0	1,297,953	31.00
31.01	NICU	0	0	31.01
40.00	SUBPROVIDER - IPF	-137,664	1,084,877	40.00
41.00	SUBPROVIDER - IRF	0	655,631	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	249,287	43.00
44.00	SKILLED NURSING FACILITY	0	927,797	44.00
45.00	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	3,550,896	50.00
51.00	RECOVERY ROOM	0	371,208	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	431,876	52.00
53.00	ANESTHESIOLOGY	-1,756,645	117,257	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-3,357	2,363,176	54.00
54.01	ULTRA-SOUND	0	0	54.01
54.02	CT SCAN	0	0	54.02
54.03	MRI	0	0	54.03
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-247,246	2,711,994	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	0	918,369	65.00
65.01	SLEEP LAB	0	0	65.01
66.00	PHYSICAL THERAPY	0	1,240,351	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,490,922	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,858,968	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,420,405	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,794,550	73.00
74.00	RENAL DIALYSIS	0	227,919	74.00
76.00	ACUPUNCTURE	0	0	76.00
76.01	SLEEP LAB	-19,200	225,621	76.01
76.02	PSYCH SERVICES	-212,046	148,598	76.02
76.03	WOUND CARE	0	451,852	76.03
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	-5,100	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	1,109,856	90.00
91.00	EMERGENCY	-490,505	2,352,307	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	RHC	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-38,628,192	71,998,166	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140125

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

Worksheet A
Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description		Adjustments	Net Expenses	
		(See A-8)	For Allocation	
		6.00	7.00	
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	255,392	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	OTHER NONREIMB - MARKETING	0	477,996	194.01
194.02	OTHER NONREIMB - SENIOR CIRCLE	0	162,672	194.02
194.03	VNA	0	0	194.03
194.04	OTHER NONREIMB. - MARKETING	0	0	194.04
194.06	OTHER NONREIMB - TRI-LAB	0	0	194.06
194.07	OTHER NONREIMB - CONVENT	0	0	194.07
194.08	OTHER NONREIMB - UNOCCUPIED SPACE	0	0	194.08
200.00	TOTAL (SUM OF LINES 118-199)	-38,628,192	72,894,226	200.00

RECLASSIFICATIONS

Provider CCN: 140125

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

Worksheet A-6

Date/Time Prepared:
5/29/2012 1:39 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS OF EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	4,519,906	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		0	4,519,906	
B - RECLASS OF OXYGEN COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	60,727	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	60,727	
C - RECLASS OF RENTAL AND LEASE EXPENSES					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	27,372	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,035,250	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	TOTALS		0	1,062,622	
D - RECLASS OF OTHER CAPITAL COSTS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	896,961	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	11,251	2.00
	TOTALS		0	908,212	
E - RECLASS OF MARKETING DEPARTMENTS					
1.00	OTHER NONREIMB - MARKETING	194.01	83,495	394,501	1.00
	TOTALS		83,495	394,501	
F - RECLASS OF MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,798,241	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	1,420,405	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	89,187	3.00
	TOTALS		0	3,307,833	
G - RECLASS OF COST OF DRUGS/IV SOLUTION					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,794,550	1.00
	TOTALS		0	1,794,550	
H - RECLASS OF PT, OT, AND SP COSTS					
1.00	PHYSICAL THERAPY	66.00	287,172	37,156	1.00
2.00		0.00	0	0	2.00
	TOTALS		287,172	37,156	
I - RECLASS OF MISC DEPARTMENTS					
1.00	PSYCH SERVICES	76.02	61,154	5,376	1.00
3.00	ADMINISTRATIVE & GENERAL	5.00	252,696	83,153	3.00
5.00	OTHER NONREIMB - SENIOR CIRCLE	194.02	71,507	23,232	5.00
	TOTALS		385,357	111,761	
J - RECLASS OF OTHER RADIOLOGY COSTS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	486,101	326,090	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		486,101	326,090	

RECLASSIFICATIONS

Provider CCN: 140125

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	
K - RECLASS OF A PORTION OF DIETARY COST					
1.00	CAFETERIA	11.00	0	7,985	1.00
	TOTALS		0	7,985	
L - RECLASS OF CLINIC COSTS					
1.00	CLINIC	90.00	794,486	315,370	1.00
2.00		0.00	0	0	2.00
	TOTALS		794,486	315,370	
500.00	Grand Total: Increases		2,036,611	12,846,713	500.00

RECLASSIFICATIONS

Provider CCN: 140125

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

Worksheet A-6
Date/Time Prepared:
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		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - RECLASS OF EMPLOYEE BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,505,029	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	2,868	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	9,836	0	3.00	
4.00	LABORATORY	60.00	0	80	0	4.00	
5.00	PSYCH SERVICES	76.02	0	10	0	5.00	
6.00	RURAL HEALTH CLINIC	88.00	0	642	0	6.00	
7.00	EMERGENCY	91.00	0	1,441	0	7.00	
	TOTALS		0	4,519,906			
B - RECLASS OF OXYGEN COSTS							
1.00	OPERATION OF PLANT	7.00	0	3,575	0	1.00	
2.00	OPERATING ROOM	50.00	0	193	0	2.00	
3.00	LABORATORY	60.00	0	189	0	3.00	
4.00	RESPIRATORY THERAPY	65.00	0	46,563	0	4.00	
5.00	WOUND CARE	76.03	0	3,143	0	5.00	
6.00	EMERGENCY	91.00	0	7,064	0	6.00	
	TOTALS		0	60,727			
C - RECLASS OF RENTAL AND LEASE EXPENSES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	172,213	9	1.00	
2.00	OPERATION OF PLANT	7.00	0	71	9	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	52	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	39,149	0	4.00	
5.00	PHARMACY	15.00	0	160,439	0	5.00	
6.00	OPERATING ROOM	50.00	0	140,075	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	185,430	0	7.00	
8.00	RESPIRATORY THERAPY	65.00	0	29,480	0	8.00	
9.00	ELECTROCARDIOLOGY	69.00	0	211,699	0	9.00	
10.00	RENAL DIALYSIS	74.00	0	18	0	10.00	
11.00	SLEEP LAB	76.01	0	2,472	0	11.00	
12.00	WOUND CARE	76.03	0	78	0	12.00	
13.00	EMERGENCY	91.00	0	1,095	0	13.00	
14.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,366	0	14.00	
15.00	LABORATORY	60.00	0	114,985	0	15.00	
	TOTALS		0	1,062,622			
D - RECLASS OF OTHER CAPITAL COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	908,212	9	1.00	
2.00		0.00	0	0	9	2.00	
	TOTALS		0	908,212			
E - RECLASS OF MARKETING DEPARTMENTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	83,495	394,501	0	1.00	
	TOTALS		83,495	394,501			
F - RECLASS OF MEDICAL SUPPLIES							
1.00		0.00	0	0	0	1.00	
2.00	OPERATING ROOM	50.00	0	3,008,867	0	2.00	
3.00	ELECTROCARDIOLOGY	69.00	0	298,966	0	3.00	
	TOTALS		0	3,307,833			
G - RECLASS OF COST OF DRUGS/IV SOLUTION							
1.00	PHARMACY	15.00	0	1,794,550	0	1.00	
	TOTALS		0	1,794,550			
H - RECLASS OF PT, OT, AND SP COSTS							
1.00	OCCUPATIONAL THERAPY	67.00	219,655	18,472	0	1.00	
2.00	SPEECH PATHOLOGY	68.00	67,517	18,684	0	2.00	
	TOTALS		287,172	37,156			
I - RECLASS OF MISC DEPARTMENTS							
1.00	PHYSICAL THERAPY	66.00	61,154	5,376	0	1.00	
3.00	PSYCH SERVICES	76.02	252,696	83,153	0	3.00	
5.00	ADMINISTRATIVE & GENERAL	5.00	71,507	23,232	0	5.00	
	TOTALS		385,357	111,761			
J - RECLASS OF OTHER RADIOLOGY COSTS							
1.00	ULTRA-SOUND	54.01	89,879	34,879	0	1.00	
2.00	RADIOISOTOPE	56.00	60,250	78,440	0	2.00	
3.00	CT SCAN	57.00	238,759	129,207	0	3.00	
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	97,213	83,564	0	4.00	
	TOTALS		486,101	326,090			
K - RECLASS OF A PORTION OF DIETARY COST							
1.00	DIETARY	10.00	0	7,985	0	1.00	
	TOTALS		0	7,985			
L - RECLASS OF CLINIC COSTS							
1.00	RURAL HEALTH CLINIC	88.00	459,403	51,402	0	1.00	
2.00	LABORATORY	60.00	335,083	263,968	0	2.00	
	TOTALS		794,486	315,370			
500.00	Grand Total: Decreases		2,036,611	12,846,713		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140125

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 1:39 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,712,052	224,160	0	224,160	0	1.00
2.00	Land Improvements	2,929,956	687,723	0	687,723	0	2.00
3.00	Buildings and Fixtures	2,409,261	41,946	0	41,946	0	3.00
4.00	Building Improvements	85,891,116	451,498,009	0	451,498,009	76,946	4.00
5.00	Fixed Equipment	6,125,768	612,521	0	612,521	10,052	5.00
6.00	Movable Equipment	44,922,139	3,700,700	0	3,700,700	3,405,614	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	144,990,292	456,765,059	0	456,765,059	3,492,612	8.00
9.00	Reconciling Items	51,900	1,832,415	0	1,832,415	0	9.00
10.00	Total (line 8 minus line 9)	144,938,392	454,932,644	0	454,932,644	3,492,612	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,376,423	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3,016,467	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,392,890	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140125

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 1:39 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,936,212	0		1.00	
2.00	Land Improvements	3,617,679	0		2.00	
3.00	Buildings and Fixtures	2,451,207	0		3.00	
4.00	Building Improvements	537,312,179	0		4.00	
5.00	Fixed Equipment	6,728,237	0		5.00	
6.00	Movable Equipment	45,217,225	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	598,262,739	0		8.00	
9.00	Reconciling Items	1,884,315	0		9.00	
10.00	Total (line 8 minus line 9)	596,378,424	0		10.00	
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	2,376,423		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	3,016,467		2.00	
3.00	Total (sum of lines 1-2)	0	5,392,890		3.00	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,208,600	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	3,263,349	0
3.00	Total (sum of lines 1-2)	0	0	0	8,471,949	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140125

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	5,208,600	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,263,349	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	8,471,949	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140125

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	
			Cost Center			
			3.00	4.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-548,604	NEW CAP REL COSTS-BLDG & FIXT		1.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-34,119	ADMINISTRATIVE & GENERAL		5.00	7.00
8.00 Television and radio service (chapter 21)	A	-13,014	ADMINISTRATIVE & GENERAL		5.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,720,787				10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-3,357	RADIOLOGY-DIAGNOSTIC		54.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-8,979,512				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests		0			0.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts	B	-6,751	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	-19,030	ADMINISTRATIVE & GENERAL		5.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	1,648,756	NEW CAP REL COSTS-BLDG & FIXT		1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-961,152	NEW CAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***		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		OSPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0			0.00	32.00
33.00 PHOTO COMMISSION	B	-4,988	ADMINISTRATIVE & GENERAL		5.00	33.00
33.01 FITNESS REVENUE	B	-120	ADMINISTRATIVE & GENERAL		5.00	33.01
33.02 NON-RESTRICTED DONATIONS	B	-2,000	ADMINISTRATIVE & GENERAL		5.00	33.02
33.03 OTHER MISC REVENUE	B	-105,381	ADMINISTRATIVE & GENERAL		5.00	33.03
33.04 HOSPITAL BAD DEBT	A	-17,425,872	ADMINISTRATIVE & GENERAL		5.00	33.04
33.05 PATIENT PHONES WAGE COST	A	-31,977	ADMINISTRATIVE & GENERAL		5.00	33.05
33.06 PATIENT PHONES BENEFIT COST	A	-7,284	EMPLOYEE BENEFITS		4.00	33.06
33.07 PATIENT PHONES DEPRECIATION EXPENSE	A	-17,565	NEW CAP REL COSTS-MVBLE EQUIP		2.00	33.07
33.08 PATIENT TELEVISION DEPRECIATION	A	-6,724	NEW CAP REL COSTS-MVBLE EQUIP		2.00	33.08
33.09 MARKETING EXPENSE	A	-281,706	ADMINISTRATIVE & GENERAL		5.00	33.09
33.10		0			0.00	33.10
33.11 PHYSICIAN RECRUITING	A	-162,257	ADMINISTRATIVE & GENERAL		5.00	33.11
33.12 LOBBYING EXPENSES	A	-28,188	ADMINISTRATIVE & GENERAL		5.00	33.12
33.13 CHARITABLE CONTRIBUTIONS	A	-32,663	ADMINISTRATIVE & GENERAL		5.00	33.13
33.14 PATIENT TRANSPORTATION	A	-658,176	ADMINISTRATIVE & GENERAL		5.00	33.14
33.15 ILLINOIS PROVIDER TAX	A	-7,225,721	ADMINISTRATIVE & GENERAL		5.00	33.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-38,628,192				50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140125

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	9	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	9	26.00
27.00	Depreciation - NEW 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	PHOTO COMMISSION	0	33.00
33.01	FITNESS REVENUE	0	33.01
33.02	NON-RESTRICTED DONATIONS	0	33.02
33.03	OTHER MISC REVENUE	0	33.03
33.04	HOSPITAL BAD DEBT	0	33.04
33.05	PATIENT PHONES WAGE COST	0	33.05
33.06	PATIENT PHONES BENEFIT COST	0	33.06
33.07	PATIENT PHONES DEPRECIATION EXPENSE	9	33.07
33.08	PATIENT TELEVISION DEPRECIATION	9	33.08
33.09	MARKETING EXPENSE	0	33.09
33.10		0	33.10
33.11	PHYSICIAN RECRUITING	0	33.11
33.12	LOBBYING EXPENSES	0	33.12
33.13	CHARITABLE CONTRIBUTIONS	0	33.13
33.14	PATIENT TRANSPORTATION	0	33.14
33.15	ILLINOIS PROVIDER TAX	0	33.15
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

Provider CCN: 140125

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2012 1:39 pm

OFFICE COSTS

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	DIRECT ALLOC - CAP RELATED INTEREST	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	DIRECT ALLOC - OPERATING INTEREST	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	PASI OPERATING COSTS	3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	PASI CAPITAL COSTS	4.00
4.01	1.00	NEW CAP REL COSTS-BLDG & FIXT	NEW CAPITAL BLDG AND FIXTURES	4.01
4.02	2.00	NEW CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL - MOVABLE EQUIPMENT	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	NON-CAPITAL HOME OFFICE COSTS	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	401K FEES	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	AUDIT FEES	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	MIS FEES	4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	MANAGED CARE	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	CASE MANAGEMENT	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	PURCHASE AND ANCILLARY	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	EMERGENCY ROOM	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	PPSI FEES	4.13
4.14	5.00	ADMINISTRATIVE & GENERAL	COMPLIANCE/HIM/CCA FEES	4.14
4.15	5.00	ADMINISTRATIVE & GENERAL	SENIOR CIRCLE	4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	PASI COLLECTION FEES	4.16
4.17	5.00	ADMINISTRATIVE & GENERAL	EBOS FEES	4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	PASI LIEN UNIT COLLECTION FEES	4.18
4.19	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE COSTS	4.19
4.20	0.00			4.20
4.21	0.00			4.21
4.22	0.00			4.22
4.23	0.00			4.23
4.24	0.00			4.24
4.25	0.00			4.25
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

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

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

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

6.00		B		0.00	6.00
7.00				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

Provider CCN: 140125

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2012 1:39 pm

OFFICE COSTS

	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	746,833	0	746,833	9	1.00
2.00	171,985	0	171,985	0	2.00
3.00	303,733	0	303,733	0	3.00
4.00	27,712	0	27,712	9	4.00
4.01	33,147	0	33,147	9	4.01
4.02	185,822	0	185,822	9	4.02
4.03	1,655,685	0	1,655,685	0	4.03
4.04	0	6,904,470	-6,904,470	0	4.04
4.05	0	3,709,981	-3,709,981	0	4.05
4.06	0	3,240	-3,240	0	4.06
4.07	0	68,244	-68,244	0	4.07
4.08	0	548,736	-548,736	0	4.08
4.09	0	20,544	-20,544	0	4.09
4.10	0	92,544	-92,544	0	4.10
4.11	0	10,740	-10,740	0	4.11
4.12	0	64,608	-64,608	0	4.12
4.13	0	17,250	-17,250	0	4.13
4.14	0	26,856	-26,856	0	4.14
4.15	0	25,164	-25,164	0	4.15
4.16	0	295,339	-295,339	0	4.16
4.17	0	15,040	-15,040	0	4.17
4.18	0	67,105	-67,105	0	4.18
4.19	907,234	1,141,802	-234,568	0	4.19
4.20	0	0	0	0	4.20
4.21	0	0	0	0	4.21
4.22	0	0	0	0	4.22
4.23	0	0	0	0	4.23
4.24	0	0	0	0	4.24
4.25	0	0	0	0	4.25
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	4,032,151	13,011,663	-8,979,512	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	CHS, INC.	100.00	HOSPITAL MANAGEMENT	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: 140125

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 1:39 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	48,000	48,000	1.00
2.00	13.00	NURSING ADMINISTRATION	400	400	2.00
3.00	30.00	ADULTS & PEDIATRICS	803,981	803,981	3.00
4.00	40.00	SUBPROVIDER - IPF	137,664	137,664	4.00
5.00	0.00		0	0	5.00
6.00	0.00		0	0	6.00
7.00	53.00	ANESTHESIOLOGY	1,756,645	1,756,645	7.00
8.00	60.00	LABORATORY	247,246	247,246	8.00
9.00	76.01	SLEEP LAB	19,200	19,200	9.00
10.00	76.02	PSYCH SERVICES	212,046	212,046	10.00
11.00	88.00	RURAL HEALTH CLINIC	5,100	5,100	11.00
12.00	91.00	EMERGENCY	490,505	490,505	12.00
200.00			3,720,787	3,720,787	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140125

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 1:39 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	0	171,400	0	0	0	1.00
2.00	0	171,400	0	0	0	2.00
3.00	0	152,100	0	0	0	3.00
4.00	0	171,400	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	200,300	0	0	0	7.00
8.00	0	171,400	0	0	0	8.00
9.00	0	171,400	0	0	0	9.00
10.00	0	171,400	0	0	0	10.00
11.00	0	171,400	0	0	0	11.00
12.00	0	171,400	0	0	0	12.00
200.00	0		0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140125

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

Worksheet A-8-2

Date/Time Prepared:
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	Cost of Memberships & Continuing Education 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	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140125

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	0	48,000	1.00
2.00	0	400	2.00
3.00	0	803,981	3.00
4.00	0	137,664	4.00
5.00	0	0	5.00
6.00	0	0	6.00
7.00	0	1,756,645	7.00
8.00	0	247,246	8.00
9.00	0	19,200	9.00
10.00	0	212,046	10.00
11.00	0	5,100	11.00
12.00	0	490,505	12.00
200.00	0	3,720,787	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140125

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	5,208,600	5,208,600				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	3,263,349		3,263,349			2.00
4.00 EMPLOYEE BENEFITS	4,992,262	22,046	13,813	5,028,121		4.00
5.00 ADMINISTRATIVE & GENERAL	9,935,528	652,950	409,094	701,365	11,698,937	5.00
7.00 OPERATION OF PLANT	3,617,026	1,500,186	939,915	181,363	6,238,490	7.00
8.00 LAUNDRY & LINEN SERVICE	349,482	36,383	22,795	0	408,660	8.00
9.00 HOUSEKEEPING	2,090,312	54,329	34,039	0	2,178,680	9.00
10.00 DIETARY	1,600,278	80,659	50,535	0	1,731,472	10.00
11.00 CAFETERIA	7,985	59,722	37,418	0	105,125	11.00
13.00 NURSING ADMINISTRATION	1,718,425	2,190	1,372	241,593	1,963,580	13.00
14.00 CENTRAL SERVICES & SUPPLY	440,538	66,167	41,456	42,602	590,763	14.00
15.00 PHARMACY	1,694,597	47,180	29,559	238,121	2,009,457	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,151,817	188,574	118,147	108,577	1,567,115	16.00
17.00 SOCIAL SERVICE	0	2,837	1,777	0	4,614	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	8,926,297	686,613	430,184	1,138,001	11,181,095	30.00
31.00 INTENSIVE CARE UNIT	1,297,953	208,603	130,696	161,093	1,798,345	31.00
31.01 NICU	0	0	0	0	0	31.01
40.00 SUBPROVIDER - IPF	1,084,877	108,484	67,969	147,027	1,408,357	40.00
41.00 SUBPROVIDER - IRF	655,631	67,875	42,526	79,807	845,839	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	249,287	8,606	5,392	32,249	295,534	43.00
44.00 SKILLED NURSING FACILITY	927,797	67,885	42,532	116,946	1,155,160	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,550,896	345,849	216,685	320,251	4,433,681	50.00
51.00 RECOVERY ROOM	371,208	14,926	9,351	49,272	444,757	51.00
52.00 DELIVERY ROOM & LABOR ROOM	431,876	59,394	37,212	58,984	587,466	52.00
53.00 ANESTHESIOLOGY	117,257	4,747	2,974	0	124,978	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,363,176	169,663	106,299	225,473	2,864,611	54.00
54.01 ULTRA-SOUND	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,711,994	72,574	45,470	248,339	3,078,377	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	918,369	68,878	43,154	117,232	1,147,633	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	1,240,351	162,495	101,808	177,173	1,681,827	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	1,490,922	47,488	29,753	137,739	1,705,902	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,858,968	0	0	0	1,858,968	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,420,405	0	0	0	1,420,405	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,794,550	0	0	0	1,794,550	73.00
74.00 RENAL DIALYSIS	227,919	0	0	0	227,919	74.00
76.00 ACUPUNCTURE	0	0	0	0	0	76.00
76.01 SLEEP LAB	225,621	64,778	40,585	31,629	362,613	76.01
76.02 PSYCH SERVICES	148,598	33,479	20,976	22,223	225,276	76.02
76.03 WOUND CARE	451,852	26,311	16,484	10,315	504,962	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	1,109,856	0	0	129,368	1,239,224	90.00
91.00 EMERGENCY	2,352,307	97,225	60,914	278,332	2,788,778	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 RHC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140125

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
113.00 INTEREST EXPENSE						113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		0 115.00
116.00 HOSPICE	0	0	0	0		0 116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	71,998,166	5,029,096	3,150,884	4,995,074	71,673,150	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,599	4,135	0	10,734	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	255,392	154,844	97,014	0	507,250	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0 193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	18,061	11,316	0	29,377	194.00
194.01 OTHER NONREIMB - MARKETING	477,996	0	0	13,596	491,592	194.01
194.02 OTHER NONREIMB - SENIOR CIRCLE	162,672	0	0	19,451	182,123	194.02
194.03 VNA	0	0	0	0	0	0 194.03
194.04 OTHER NONREIMB. - MARKETING	0	0	0	0	0	0 194.04
194.06 OTHER NONREIMB - TRI-LAB	0	0	0	0	0	0 194.06
194.07 OTHER NONREIMB - CONVENT	0	0	0	0	0	0 194.07
194.08 OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	0 194.08
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	72,894,226	5,208,600	3,263,349	5,028,121	72,894,226	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140125

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

Worksheet B
Part I
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	11,698,937					5.00
7.00	OPERATION OF PLANT	1,192,637	7,431,127				7.00
8.00	LAUNDRY & LINEN SERVICE	78,125	89,130	575,915			8.00
9.00	HOUSEKEEPING	416,507	133,092	0	2,728,279		9.00
10.00	DIETARY	331,012	197,594	0	74,781	2,334,859	10.00
11.00	CAFETERIA	20,097	146,305	0	55,370	0	11.00
13.00	NURSING ADMINISTRATION	375,385	5,365	0	2,031	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	112,939	162,093	0	61,346	0	14.00
15.00	PHARMACY	384,156	115,578	0	43,742	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	299,592	461,959	0	174,833	0	16.00
17.00	SOCIAL SERVICE	882	6,949	0	2,630	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,137,523	1,682,034	417,648	636,584	1,695,825	30.00
31.00	INTENSIVE CARE UNIT	343,797	511,027	0	193,403	41,638	31.00
31.01	NICU	0	0	0	0	0	31.01
40.00	SUBPROVIDER - 1PF	269,241	265,760	22,784	100,579	218,327	40.00
41.00	SUBPROVIDER - 1RF	161,702	166,277	0	62,929	68,974	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	56,498	21,083	11,591	7,979	0	43.00
44.00	SKILLED NURSING FACILITY	220,837	166,301	0	62,938	203,613	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	847,605	847,244	33,763	320,648	5,167	50.00
51.00	RECOVERY ROOM	85,026	36,564	0	13,838	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	112,308	145,501	0	55,066	50,684	52.00
53.00	ANESTHESIOLOGY	23,893	11,629	0	4,401	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	547,639	415,633	58,945	157,300	0	54.00
54.01	ULTRA-SOUND	0	0	0	0	0	54.01
54.02	CT SCAN	0	0	0	0	0	54.02
54.03	MRI	0	0	0	0	0	54.03
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	588,506	177,788	0	67,285	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	219,398	168,735	0	63,859	0	65.00
65.01	SLEEP LAB	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	321,522	398,072	2,777	150,654	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	326,124	116,335	3,016	44,028	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	355,386	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	271,545	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	343,071	0	0	0	0	73.00
74.00	RENAL DIALYSIS	43,572	0	0	0	0	74.00
76.00	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	SLEEP LAB	69,322	158,690	0	60,058	0	76.01
76.02	PSYCH SERVICES	43,067	82,016	0	31,040	0	76.02
76.03	WOUND CARE	96,536	64,454	0	24,393	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	236,907	0	0	0	0	90.00
91.00	EMERGENCY	533,142	238,177	22,910	90,140	50,631	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	RHC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	11,465,499	6,991,385	573,434	2,561,855	2,334,859	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140125

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,052	16,167	0	6,118	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	96,973	379,329	2,481	143,561	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	5,616	44,246	0	16,745	0	194.00
194.01 OTHER NONREIMB - MARKETING	93,980	0	0	0	0	194.01
194.02 OTHER NONREIMB - SENIOR CIRCLE	34,817	0	0	0	0	194.02
194.03 VNA	0	0	0	0	0	194.03
194.04 OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04
194.06 OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06
194.07 OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07
194.08 OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	11,698,937	7,431,127	575,915	2,728,279	2,334,859	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140125

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	326,897					11.00
13.00 NURSING ADMINISTRATION	14,739	2,361,100				13.00
14.00 CENTRAL SERVICES & SUPPLY	5,902	0	933,043			14.00
15.00 PHARMACY	13,268	0	7,139	2,573,340		15.00
16.00 MEDICAL RECORDS & LIBRARY	13,825	0	3,550	0	2,520,874	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	97,179	1,202,244	57,101	0	526,217	30.00
31.00 INTENSIVE CARE UNIT	9,901	170,186	15,667	0	44,981	31.00
31.01 NICU	0	0	0	0	0	31.01
40.00 SUBPROVIDER - IPF	11,186	0	1,823	0	58,877	40.00
41.00 SUBPROVIDER - IRF	6,665	84,312	3,624	0	12,974	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	34,070	3,493	0	4,197	43.00
44.00 SKILLED NURSING FACILITY	10,046	123,548	8,448	0	28,912	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	22,620	338,330	127,734	0	272,528	50.00
51.00 RECOVERY ROOM	3,058	52,053	3,104	0	36,774	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	62,313	3,303	0	11,316	52.00
53.00 ANESTHESIOLOGY	0	0	11,397	0	46,021	53.00
54.00 RADIOLOGY-DIAGNOSTIC	18,429	0	17,088	0	230,995	54.00
54.01 ULTRA-SOUND	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	21,644	0	64,005	0	320,988	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	11,791	0	15,765	0	99,629	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	13,674	0	1,924	0	73,613	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	9,949	0	50,741	0	168,653	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	260,757	0	39,235	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	229,550	0	60,597	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	2,573,340	129,863	73.00
74.00 RENAL DIALYSIS	0	0	265	0	13,743	74.00
76.00 ACUPUNCTURE	0	0	0	0	0	76.00
76.01 SLEEP LAB	2,762	0	1,286	0	6,830	76.01
76.02 PSYCH SERVICES	1,395	0	3,768	0	15,833	76.02
76.03 WOUND CARE	1,615	0	3,365	0	1,615	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	13,729	0	0	0	2,563	90.00
91.00 EMERGENCY	19,775	294,044	37,161	0	313,920	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 RHC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	323,152	2,361,100	932,058	2,573,340	2,520,874	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS						
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
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OTHER NONREIMB - MARKETING	3,745	0	985	0	0	194.01
194.02 OTHER NONREIMB - SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 VNA	0	0	0	0	0	194.03
194.04 OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04
194.06 OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06
194.07 OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07
194.08 OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	326,897	2,361,100	933,043	2,573,340	2,520,874	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	17.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	15,075					17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	11,091	19,644,541	0	19,644,541		30.00
31.00 INTENSIVE CARE UNIT	638	3,129,583	0	3,129,583		31.00
31.01 NICU	0	0	0	0		31.01
40.00 SUBPROVIDER - IPF	1,407	2,358,341	0	2,358,341		40.00
41.00 SUBPROVIDER - IRF	440	1,413,736	0	1,413,736		41.00
42.00 SUBPROVIDER	0	0	0	0		42.00
43.00 NURSERY	205	434,650	0	434,650		43.00
44.00 SKILLED NURSING FACILITY	1,294	1,981,097	0	1,981,097		44.00
45.00 NURSING FACILITY	0	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	7,249,320	0	7,249,320		50.00
51.00 RECOVERY ROOM	0	675,174	0	675,174		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,027,957	0	1,027,957		52.00
53.00 ANESTHESIOLOGY	0	222,319	0	222,319		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	4,310,640	0	4,310,640		54.00
54.01 ULTRA-SOUND	0	0	0	0		54.01
54.02 CT SCAN	0	0	0	0		54.02
54.03 MRI	0	0	0	0		54.03
56.00 RADIOISOTOPE	0	0	0	0		56.00
57.00 CT SCAN	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 LABORATORY	0	4,318,593	0	4,318,593		60.00
60.01 BLOOD LABORATORY	0	0	0	0		60.01
65.00 RESPIRATORY THERAPY	0	1,726,810	0	1,726,810		65.00
65.01 SLEEP LAB	0	0	0	0		65.01
66.00 PHYSICAL THERAPY	0	2,644,063	0	2,644,063		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	2,424,748	0	2,424,748		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,514,346	0	2,514,346		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	1,982,097	0	1,982,097		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	4,840,824	0	4,840,824		73.00
74.00 RENAL DIALYSIS	0	285,499	0	285,499		74.00
76.00 ACUPUNCTURE	0	0	0	0		76.00
76.01 SLEEP LAB	0	661,561	0	661,561		76.01
76.02 PSYCH SERVICES	0	402,395	0	402,395		76.02
76.03 WOUND CARE	0	696,940	0	696,940		76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 CLINIC	0	1,492,423	0	1,492,423		90.00
91.00 EMERGENCY	0	4,388,678	0	4,388,678		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
93.00 RHC	0	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
99.10 CORF	0	0	0	0		99.10
101.00 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0		111.00
113.00 INTEREST EXPENSE	0	0	0	0		113.00
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0		115.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
116.00	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	15,075	70,826,335	0	70,826,335	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,071	0	35,071	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,129,594	0	1,129,594	192.00
193.00	NONPAID WORKERS	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	95,984	0	95,984	194.00
194.01	OTHER NONREIMB - MARKETING	0	590,302	0	590,302	194.01
194.02	OTHER NONREIMB - SENIOR CIRCLE	0	216,940	0	216,940	194.02
194.03	VNA	0	0	0	0	194.03
194.04	OTHER NONREIMB. - MARKETING	0	0	0	0	194.04
194.06	OTHER NONREIMB - TRI-LAB	0	0	0	0	194.06
194.07	OTHER NONREIMB - CONVENT	0	0	0	0	194.07
194.08	OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	194.08
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)	15,075	72,894,226	0	72,894,226	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	22,046	13,813	35,859	35,859
5.00	ADMINISTRATIVE & GENERAL	0	652,950	409,094	1,062,044	5,001
7.00	OPERATION OF PLANT	0	1,500,186	939,915	2,440,101	1,293
8.00	LAUNDRY & LINEN SERVICE	0	36,383	22,795	59,178	0
9.00	HOUSEKEEPING	0	54,329	34,039	88,368	0
10.00	DIETARY	0	80,659	50,535	131,194	0
11.00	CAFETERIA	0	59,722	37,418	97,140	0
13.00	NURSING ADMINISTRATION	0	2,190	1,372	3,562	1,723
14.00	CENTRAL SERVICES & SUPPLY	0	66,167	41,456	107,623	304
15.00	PHARMACY	0	47,180	29,559	76,739	1,698
16.00	MEDICAL RECORDS & LIBRARY	0	188,574	118,147	306,721	774
17.00	SOCIAL SERVICE	0	2,837	1,777	4,614	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	686,613	430,184	1,116,797	8,120
31.00	INTENSIVE CARE UNIT	0	208,603	130,696	339,299	1,149
31.01	NICU	0	0	0	0	0
40.00	SUBPROVIDER - IPF	0	108,484	67,969	176,453	1,048
41.00	SUBPROVIDER - IRF	0	67,875	42,526	110,401	569
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	8,606	5,392	13,998	230
44.00	SKILLED NURSING FACILITY	0	67,885	42,532	110,417	834
45.00	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	345,849	216,685	562,534	2,283
51.00	RECOVERY ROOM	0	14,926	9,351	24,277	351
52.00	DELIVERY ROOM & LABOR ROOM	0	59,394	37,212	96,606	421
53.00	ANESTHESIOLOGY	0	4,747	2,974	7,721	0
54.00	RADIOLOGY-DIAGNOSTIC	0	169,663	106,299	275,962	1,608
54.01	ULTRA-SOUND	0	0	0	0	0
54.02	CT SCAN	0	0	0	0	0
54.03	MRI	0	0	0	0	0
56.00	RADIOISOTOPE	0	0	0	0	0
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	0	72,574	45,470	118,044	1,771
60.01	BLOOD LABORATORY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	68,878	43,154	112,032	836
65.01	SLEEP LAB	0	0	0	0	0
66.00	PHYSICAL THERAPY	0	162,495	101,808	264,303	1,263
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	0	0	0	0
69.00	ELECTROCARDIOLOGY	0	47,488	29,753	77,241	982
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	0	0	0	0	0
76.00	ACUPUNCTURE	0	0	0	0	0
76.01	SLEEP LAB	0	64,778	40,585	105,363	226
76.02	PSYCH SERVICES	0	33,479	20,976	54,455	158
76.03	WOUND CARE	0	26,311	16,484	42,795	74
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	0	0	0	0	922
91.00	EMERGENCY	0	97,225	60,914	158,139	1,985
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	RHC	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
99.10	CORF	0	0	0	0	0
101.00	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0
110.00	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	ISLET ACQUISITION	0	0	0	0	0
113.00	INTEREST EXPENSE					113.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	5,029,096	3,150,884	8,179,980	35,623	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,599	4,135	10,734	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	154,844	97,014	251,858	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	18,061	11,316	29,377	0	194.00
194.01 OTHER NONREIMB - MARKETING	0	0	0	0	97	194.01
194.02 OTHER NONREIMB - SENIOR CIRCLE	0	0	0	0	139	194.02
194.03 VNA	0	0	0	0	0	194.03
194.04 OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04
194.06 OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06
194.07 OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07
194.08 OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	0	5,208,600	3,263,349	8,471,949	35,859	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL	1,067,045					5.00
7.00 OPERATION OF PLANT	108,781	2,550,175				7.00
8.00 LAUNDRY & LINEN SERVICE	7,126	30,587	96,891			8.00
9.00 HOUSEKEEPING	37,990	45,674	0	172,032		9.00
10.00 DIETARY	30,192	67,809	0	4,715	233,910	10.00
11.00 CAFETERIA	1,833	50,208	0	3,491	0	11.00
13.00 NURSING ADMINISTRATION	34,239	1,841	0	128	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	10,301	55,626	0	3,868	0	14.00
15.00 PHARMACY	35,039	39,664	0	2,758	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	27,326	158,533	0	11,024	0	16.00
17.00 SOCIAL SERVICE	80	2,385	0	166	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	194,945	577,232	70,266	40,139	169,891	30.00
31.00 INTENSIVE CARE UNIT	31,358	175,372	0	12,195	4,171	31.00
31.01 NICU	0	0	0	0	0	31.01
40.00 SUBPROVIDER - 1 PF	24,558	91,202	3,833	6,342	21,872	40.00
41.00 SUBPROVIDER - 1 RF	14,749	57,062	0	3,968	6,910	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	5,153	7,235	1,950	503	0	43.00
44.00 SKILLED NURSING FACILITY	20,143	57,070	0	3,969	20,398	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	77,310	290,753	5,680	20,218	518	50.00
51.00 RECOVERY ROOM	7,755	12,548	0	873	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	10,244	49,932	0	3,472	5,078	52.00
53.00 ANESTHESIOLOGY	2,179	3,991	0	278	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	49,950	142,635	9,917	9,919	0	54.00
54.01 ULTRA-SOUND	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	53,678	61,012	0	4,243	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	20,011	57,906	0	4,027	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	29,326	136,608	467	9,500	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	29,746	39,923	507	2,776	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	32,415	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	24,768	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	31,292	0	0	0	0	73.00
74.00 RENAL DIALYSIS	3,974	0	0	0	0	74.00
76.00 ACUPUNCTURE	0	0	0	0	0	76.00
76.01 SLEEP LAB	6,323	54,458	0	3,787	0	76.01
76.02 PSYCH SERVICES	3,928	28,146	0	1,957	0	76.02
76.03 WOUND CARE	8,805	22,119	0	1,538	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	21,608	0	0	0	0	90.00
91.00 EMERGENCY	48,628	81,736	3,854	5,684	5,072	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 RHC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,045,753	2,399,267	96,474	161,538	233,910	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140125			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 1:39 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	187	5,548	0	386	0	190.00	
192.00	PHYSICIANS' PRIVATE OFFICES	8,845	130,176	417	9,052	0	192.00	
193.00	NONPAID WORKERS	0	0	0	0	0	193.00	
194.00	OTHER NONREIMBURSABLE COST CENTERS	512	15,184	0	1,056	0	194.00	
194.01	OTHER NONREIMB - MARKETING	8,572	0	0	0	0	194.01	
194.02	OTHER NONREIMB - SENIOR CIRCLE	3,176	0	0	0	0	194.02	
194.03	VNA	0	0	0	0	0	194.03	
194.04	OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04	
194.06	OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06	
194.07	OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07	
194.08	OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08	
200.00	Cross Foot Adjustments						200.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	1,067,045	2,550,175	96,891	172,032	233,910	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140125

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	152,672					11.00
13.00 NURSING ADMINISTRATION	6,883	48,376				13.00
14.00 CENTRAL SERVICES & SUPPLY	2,757	0	180,479			14.00
15.00 PHARMACY	6,197	0	1,381	163,476		15.00
16.00 MEDICAL RECORDS & LIBRARY	6,457	0	687	0	511,522	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	45,385	24,629	11,045	0	106,866	30.00
31.00 INTENSIVE CARE UNIT	4,624	3,487	3,031	0	9,125	31.00
31.01 NICU	0	0	0	0	0	31.01
40.00 SUBPROVIDER - IPF	5,224	0	353	0	11,944	40.00
41.00 SUBPROVIDER - IRF	3,113	1,728	701	0	2,632	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	698	676	0	851	43.00
44.00 SKILLED NURSING FACILITY	4,692	2,532	1,634	0	5,865	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	10,564	6,933	24,708	0	55,288	50.00
51.00 RECOVERY ROOM	1,428	1,067	600	0	7,460	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,277	639	0	2,296	52.00
53.00 ANESTHESIOLOGY	0	0	2,205	0	9,336	53.00
54.00 RADIOLOGY-DIAGNOSTIC	8,607	0	3,305	0	46,862	54.00
54.01 ULTRA-SOUND	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	10,109	0	12,381	0	65,119	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	5,507	0	3,050	0	20,212	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	6,386	0	372	0	14,934	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	4,647	0	9,815	0	34,215	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	50,436	0	7,960	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	44,402	0	12,293	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	163,476	26,345	73.00
74.00 RENAL DIALYSIS	0	0	51	0	2,788	74.00
76.00 ACUPUNCTURE	0	0	0	0	0	76.00
76.01 SLEEP LAB	1,290	0	249	0	1,386	76.01
76.02 PSYCH SERVICES	651	0	729	0	3,212	76.02
76.03 WOUND CARE	754	0	651	0	328	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	6,412	0	0	0	520	90.00
91.00 EMERGENCY	9,236	6,025	7,188	0	63,685	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 RHC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	150,923	48,376	180,289	163,476	511,522	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140125

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS						
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
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OTHER NONREIMB - MARKETING	1,749	0	190	0	0	194.01
194.02 OTHER NONREIMB - SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 VNA	0	0	0	0	0	194.03
194.04 OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04
194.06 OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06
194.07 OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07
194.08 OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	152,672	48,376	180,479	163,476	511,522	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140125		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 1:39 pm	
Cost Center	Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		17.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE	7,245					17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,331	2,370,646	0	2,370,646		30.00
31.00	INTENSIVE CARE UNIT	307	584,118	0	584,118		31.00
31.01	NICU	0	0	0	0		31.01
40.00	SUBPROVIDER - I/PF	676	343,505	0	343,505		40.00
41.00	SUBPROVIDER - I/RF	211	202,044	0	202,044		41.00
42.00	SUBPROVIDER	0	0	0	0		42.00
43.00	NURSERY	98	31,392	0	31,392		43.00
44.00	SKILLED NURSING FACILITY	622	228,176	0	228,176		44.00
45.00	NURSING FACILITY	0	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	1,056,789	0	1,056,789		50.00
51.00	RECOVERY ROOM	0	56,359	0	56,359		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	169,965	0	169,965		52.00
53.00	ANESTHESIOLOGY	0	25,710	0	25,710		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	548,765	0	548,765		54.00
54.01	ULTRA-SOUND	0	0	0	0		54.01
54.02	CT SCAN	0	0	0	0		54.02
54.03	MRI	0	0	0	0		54.03
56.00	RADIOISOTOPE	0	0	0	0		56.00
57.00	CT SCAN	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	LABORATORY	0	326,357	0	326,357		60.00
60.01	BLOOD LABORATORY	0	0	0	0		60.01
65.00	RESPIRATORY THERAPY	0	223,581	0	223,581		65.00
65.01	SLEEP LAB	0	0	0	0		65.01
66.00	PHYSICAL THERAPY	0	463,159	0	463,159		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	199,852	0	199,852		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	90,811	0	90,811		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	81,463	0	81,463		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	221,113	0	221,113		73.00
74.00	RENAL DIALYSIS	0	6,813	0	6,813		74.00
76.00	ACUPUNCTURE	0	0	0	0		76.00
76.01	SLEEP LAB	0	173,082	0	173,082		76.01
76.02	PSYCH SERVICES	0	93,236	0	93,236		76.02
76.03	WOUND CARE	0	77,064	0	77,064		76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	CLINIC	0	29,462	0	29,462		90.00
91.00	EMERGENCY	0	391,232	0	391,232		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
93.00	RHC	0	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
99.10	CORF	0	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0	0		113.00
115.00	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0		115.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140125

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
116.00	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,245	7,994,694	0	7,994,694	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,855	0	16,855	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	400,348	0	400,348	192.00
193.00	NONPAID WORKERS	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	46,129	0	46,129	194.00
194.01	OTHER NONREIMB - MARKETING	0	10,608	0	10,608	194.01
194.02	OTHER NONREIMB - SENIOR CIRCLE	0	3,315	0	3,315	194.02
194.03	VNA	0	0	0	0	194.03
194.04	OTHER NONREIMB. - MARKETING	0	0	0	0	194.04
194.06	OTHER NONREIMB - TRI-LAB	0	0	0	0	194.06
194.07	OTHER NONREIMB - CONVENT	0	0	0	0	194.07
194.08	OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	194.08
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)	7,245	8,471,949	0	8,471,949	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140125

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	539,853						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		539,853					2.00
4.00 EMPLOYEE BENEFITS	2,285	2,285	30,879,242				4.00
5.00 ADMINISTRATIVE & GENERAL	67,676	67,676	4,307,294	-11,698,937	61,195,289		5.00
7.00 OPERATION OF PLANT	155,489	155,489	1,113,806	0	6,238,490		7.00
8.00 LAUNDRY & LINEN SERVICE	3,771	3,771	0	0	408,660		8.00
9.00 HOUSEKEEPING	5,631	5,631	0	0	2,178,680		9.00
10.00 DIETARY	8,360	8,360	0	0	1,731,472		10.00
11.00 CAFETERIA	6,190	6,190	0	0	105,125		11.00
13.00 NURSING ADMINISTRATION	227	227	1,483,694	0	1,963,580		13.00
14.00 CENTRAL SERVICES & SUPPLY	6,858	6,858	261,633	0	590,763		14.00
15.00 PHARMACY	4,890	4,890	1,462,374	0	2,009,457		15.00
16.00 MEDICAL RECORDS & LIBRARY	19,545	19,545	666,806	0	1,567,115		16.00
17.00 SOCIAL SERVICE	294	294	0	0	4,614		17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	71,165	71,165	6,988,847	0	11,181,095		30.00
31.00 INTENSIVE CARE UNIT	21,621	21,621	989,318	0	1,798,345		31.00
31.01 NICU	0	0	0	0	0		31.01
40.00 SUBPROVIDER - IPF	11,244	11,244	902,934	0	1,408,357		40.00
41.00 SUBPROVIDER - IRF	7,035	7,035	490,117	0	845,839		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	892	892	198,053	0	295,534		43.00
44.00 SKILLED NURSING FACILITY	7,036	7,036	718,201	0	1,155,160		44.00
45.00 NURSING FACILITY	0	0	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	35,846	35,846	1,966,760	0	4,433,681		50.00
51.00 RECOVERY ROOM	1,547	1,547	302,592	0	444,757		51.00
52.00 DELIVERY ROOM & LABOR ROOM	6,156	6,156	362,236	0	587,466		52.00
53.00 ANESTHESIOLOGY	492	492	0	0	124,978		53.00
54.00 RADIOLOGY-DIAGNOSTIC	17,585	17,585	1,384,697	0	2,864,611		54.00
54.01 ULTRA-SOUND	0	0	0	0	0		54.01
54.02 CT SCAN	0	0	0	0	0		54.02
54.03 MRI	0	0	0	0	0		54.03
56.00 RADIOISOTOPE	0	0	0	0	0		56.00
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 LABORATORY	7,522	7,522	1,525,125	0	3,078,377		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
65.00 RESPIRATORY THERAPY	7,139	7,139	719,957	0	1,147,633		65.00
65.01 SLEEP LAB	0	0	0	0	0		65.01
66.00 PHYSICAL THERAPY	16,842	16,842	1,088,075	0	1,681,827		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	4,922	4,922	845,896	0	1,705,902		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,858,968		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,420,405		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	1,794,550		73.00
74.00 RENAL DIALYSIS	0	0	0	0	227,919		74.00
76.00 ACUPUNCTURE	0	0	0	0	0		76.00
76.01 SLEEP LAB	6,714	6,714	194,243	0	362,613		76.01
76.02 PSYCH SERVICES	3,470	3,470	136,481	0	225,276		76.02
76.03 WOUND CARE	2,727	2,727	63,346	0	504,962		76.03
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 CLINIC	0	0	794,486	0	1,239,224		90.00
91.00 EMERGENCY	10,077	10,077	1,709,319	0	2,788,778		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
93.00 RHC	0	0	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS							
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0		96.00
99.10 CORF	0	0	0	0	0		99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0	0		111.00
113.00 INTEREST EXPENSE							113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140125

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	521,248	521,248	30,676,290	-11,698,937	59,974,213		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	684	684	0	0	10,734		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	16,049	16,049	0	0	507,250		192.00
193.00 NONPAID WORKERS	0	0	0	0	0		193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	1,872	1,872	0	0	29,377		194.00
194.01 OTHER NONREIMB - MARKETING	0	0	83,495	0	491,592		194.01
194.02 OTHER NONREIMB - SENIOR CIRCLE	0	0	119,457	0	182,123		194.02
194.03 VNA	0	0	0	0	0		194.03
194.04 OTHER NONREIMB. - MARKETING	0	0	0	0	0		194.04
194.06 OTHER NONREIMB - TRI-LAB	0	0	0	0	0		194.06
194.07 OTHER NONREIMB - CONVENT	0	0	0	0	0		194.07
194.08 OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0		194.08
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,208,600	3,263,349	5,028,121		11,698,937		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	9.648182	6.044884	0.162832		0.191174		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			35,859		1,067,045		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001161		0.017437		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140125

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT	314,403					7.00
8.00 LAUNDRY & LINEN SERVICE	3,771	493,733				8.00
9.00 HOUSEKEEPING	5,631	0	305,001			9.00
10.00 DIETARY	8,360	0	8,360	130,599		10.00
11.00 CAFETERIA	6,190	0	6,190	0	47,575	11.00
13.00 NURSING ADMINISTRATION	227	0	227	0	2,145	13.00
14.00 CENTRAL SERVICES & SUPPLY	6,858	0	6,858	0	859	14.00
15.00 PHARMACY	4,890	0	4,890	0	1,931	15.00
16.00 MEDICAL RECORDS & LIBRARY	19,545	0	19,545	0	2,012	16.00
17.00 SOCIAL SERVICE	294	0	294	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	71,165	358,049	71,165	94,855	14,143	30.00
31.00 INTENSIVE CARE UNIT	21,621	0	21,621	2,329	1,441	31.00
31.01 NICU	0	0	0	0	0	31.01
40.00 SUBPROVIDER - IPF	11,244	19,533	11,244	12,212	1,628	40.00
41.00 SUBPROVIDER - IRF	7,035	0	7,035	3,858	970	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	892	9,937	892	0	0	43.00
44.00 SKILLED NURSING FACILITY	7,036	0	7,036	11,389	1,462	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	35,846	28,945	35,846	289	3,292	50.00
51.00 RECOVERY ROOM	1,547	0	1,547	0	445	51.00
52.00 DELIVERY ROOM & LABOR ROOM	6,156	0	6,156	2,835	0	52.00
53.00 ANESTHESIOLOGY	492	0	492	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	17,585	50,534	17,585	0	2,682	54.00
54.01 ULTRA-SOUND	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	7,522	0	7,522	0	3,150	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	7,139	0	7,139	0	1,716	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	16,842	2,381	16,842	0	1,990	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	4,922	2,586	4,922	0	1,448	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 ACUPUNCTURE	0	0	0	0	0	76.00
76.01 SLEEP LAB	6,714	0	6,714	0	402	76.01
76.02 PSYCH SERVICES	3,470	0	3,470	0	203	76.02
76.03 WOUND CARE	2,727	0	2,727	0	235	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	1,998	90.00
91.00 EMERGENCY	10,077	19,641	10,077	2,832	2,878	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 RHC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140125

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
118.00 SUBTOTALS (SUM OF LINES 1-117)	7.00	8.00	9.00	10.00	11.00	
NONREIMBURSABLE COST CENTERS	295,798	491,606	286,396	130,599	47,030	118.00
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	684	0	684	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	16,049	2,127	16,049	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	1,872	0	1,872	0	0	194.00
194.01 OTHER NONREIMB - MARKETING	0	0	0	0	545	194.01
194.02 OTHER NONREIMB - SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 VNA	0	0	0	0	0	194.03
194.04 OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04
194.06 OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06
194.07 OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07
194.08 OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	7,431,127	575,915	2,728,279	2,334,859	326,897	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	23.635675	1.166450	8.945148	17.878077	6.871193	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	2,550,175	96,891	172,032	233,910	152,672	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	8.111166	0.196242	0.564037	1.791055	3.209080	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140125

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
	(NURSING SALARIES)	(COSTED REQS)				
	13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	13,725,443					13.00
14.00 CENTRAL SERVICES & SUPPLY	0	6,410,417				14.00
15.00 PHARMACY	0	49,048	1,909,875			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	24,392	0	623,657,189		16.00
17.00 SOCIAL SERVICE	0	0	0	0	43,944	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,988,847	392,308	0	130,174,733	32,333	30.00
31.00 INTENSIVE CARE UNIT	989,318	107,642	0	11,128,439	1,861	31.00
31.01 NICU	0	0	0	0	0	31.01
40.00 SUBPROVIDER - IPF	0	12,523	0	14,566,375	4,100	40.00
41.00 SUBPROVIDER - IRF	490,117	24,898	0	3,209,676	1,282	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	198,053	23,999	0	1,038,236	597	43.00
44.00 SKILLED NURSING FACILITY	718,201	58,039	0	7,152,891	3,771	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,966,760	877,588	0	67,423,963	0	50.00
51.00 RECOVERY ROOM	302,592	21,329	0	9,097,991	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	362,236	22,696	0	2,799,678	0	52.00
53.00 ANESTHESIOLOGY	0	78,304	0	11,385,792	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	117,405	0	57,148,802	0	54.00
54.01 ULTRA-SOUND	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	439,746	0	79,413,144	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	108,315	0	24,648,335	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	13,221	0	18,212,005	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	348,612	0	41,725,044	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,791,503	0	9,706,744	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	1,577,109	0	14,991,828	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	1,909,875	32,128,310	0	73.00
74.00 RENAL DIALYSIS	0	1,820	0	3,400,021	0	74.00
76.00 ACUPUNCTURE	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	8,834	0	1,689,838	0	76.01
76.02 PSYCH SERVICES	0	25,889	0	3,917,165	0	76.02
76.03 WOUND CARE	0	23,119	0	399,574	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	633,969	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	1,709,319	255,314	0	77,664,636	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 RHC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140125

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
	(NURSING SALARIES)	(COSTED REQS)				
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	13,725,443	6,403,653	1,909,875	623,657,189	43,944	118.00
NONREIMBURSABLE COST CENTERS						
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
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OTHER NONREIMB - MARKETING	0	6,764	0	0	0	194.01
194.02 OTHER NONREIMB - SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 VNA	0	0	0	0	0	194.03
194.04 OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04
194.06 OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06
194.07 OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07
194.08 OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,361,100	933,043	2,573,340	2,520,874	15,075	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.172024	0.145551	1.347387	0.004042	0.343050	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	48,376	180,479	163,476	511,522	7,245	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.003525	0.028154	0.085595	0.000820	0.164869	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140125

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 1:39 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	19,644,541		19,644,541	0	19,644,541	30.00
31.00	INTENSIVE CARE UNIT	3,129,583		3,129,583	0	3,129,583	31.00
31.01	NICU	0		0	0	0	31.01
40.00	SUBPROVIDER - 1 PF	2,358,341		2,358,341	0	2,358,341	40.00
41.00	SUBPROVIDER - 1 RF	1,413,736		1,413,736	0	1,413,736	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	434,650		434,650	0	434,650	43.00
44.00	SKILLED NURSING FACILITY	1,981,097		1,981,097	0	1,981,097	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	7,249,320		7,249,320	0	7,249,320	50.00
51.00	RECOVERY ROOM	675,174		675,174	0	675,174	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,027,957		1,027,957	0	1,027,957	52.00
53.00	ANESTHESIOLOGY	222,319		222,319	0	222,319	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,310,640		4,310,640	0	4,310,640	54.00
54.01	ULTRA-SOUND	0		0	0	0	54.01
54.02	CT SCAN	0		0	0	0	54.02
54.03	MRI	0		0	0	0	54.03
56.00	RADIOISOTOPE	0		0	0	0	56.00
57.00	CT SCAN	0		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	LABORATORY	4,318,593		4,318,593	0	4,318,593	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
65.00	RESPIRATORY THERAPY	1,726,810	0	1,726,810	0	1,726,810	65.00
65.01	SLEEP LAB	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	2,644,063	0	2,644,063	0	2,644,063	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	2,424,748		2,424,748	0	2,424,748	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,514,346		2,514,346	0	2,514,346	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,982,097		1,982,097	0	1,982,097	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,840,824		4,840,824	0	4,840,824	73.00
74.00	RENAL DIALYSIS	285,499		285,499	0	285,499	74.00
76.00	ACUPUNCTURE	0		0	0	0	76.00
76.01	SLEEP LAB	661,561		661,561	0	661,561	76.01
76.02	PSYCH SERVICES	402,395		402,395	0	402,395	76.02
76.03	WOUND CARE	696,940		696,940	0	696,940	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	1,492,423		1,492,423	0	1,492,423	90.00
91.00	EMERGENCY	4,388,678		4,388,678	0	4,388,678	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
93.00	RHC	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
99.10	CORF	0		0	0	0	99.10
101.00	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	ISLET ACQUISITION	0		0	0	0	111.00
113.00	INTEREST EXPENSE	0		0	0	0	113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	70,826,335	0	70,826,335	0	70,826,335	200.00
201.00	Less Observation Beds	0		0	0	0	201.00
202.00	Total (see instructions)	70,826,335	0	70,826,335	0	70,826,335	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140125

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 1:39 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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	123,258,235		123,258,235			30.00
31.00	INTENSIVE CARE UNIT	11,128,439		11,128,439			31.00
31.01	NICU	0		0			31.01
40.00	SUBPROVIDER - IPF	14,566,375		14,566,375			40.00
41.00	SUBPROVIDER - IRF	3,209,676		3,209,676			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	1,038,236		1,038,236			43.00
44.00	SKILLED NURSING FACILITY	7,152,891		7,152,891			44.00
45.00	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	26,790,397	40,633,566	67,423,963	0.107518	0.000000	50.00
51.00	RECOVERY ROOM	3,895,819	5,202,172	9,097,991	0.074211	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,597,811	201,867	2,799,678	0.367170	0.000000	52.00
53.00	ANESTHESIOLOGY	5,893,543	5,492,249	11,385,792	0.019526	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	16,014,520	41,134,282	57,148,802	0.075428	0.000000	54.00
54.01	ULTRA-SOUND	0	0	0	0.000000	0.000000	54.01
54.02	CT SCAN	0	0	0	0.000000	0.000000	54.02
54.03	MRI	0	0	0	0.000000	0.000000	54.03
56.00	RADIOLOGY	0	0	0	0.000000	0.000000	56.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	46,944,231	32,468,913	79,413,144	0.054381	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	RESPIRATORY THERAPY	22,235,571	2,412,764	24,648,335	0.070058	0.000000	65.00
65.01	SLEEP LAB	0	0	0	0.000000	0.000000	65.01
66.00	PHYSICAL THERAPY	10,253,783	7,958,222	18,212,005	0.145182	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	ELECTROCARDIOLOGY	23,116,936	18,608,108	41,725,044	0.058113	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,210,136	496,608	9,706,744	0.259031	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	10,574,938	4,416,890	14,991,828	0.132212	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	25,947,178	6,181,132	32,128,310	0.150672	0.000000	73.00
74.00	RENAL DIALYSIS	3,376,213	23,808	3,400,021	0.083970	0.000000	74.00
76.00	ACUPUNCTURE	0	0	0	0.000000	0.000000	76.00
76.01	SLEEP LAB	121,347	1,568,491	1,689,838	0.391494	0.000000	76.01
76.02	PSYCH SERVICES	1,212,101	2,705,064	3,917,165	0.102726	0.000000	76.02
76.03	WOUND CARE	2,980	396,594	399,574	1.744208	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	633,969	633,969	2.354095	0.000000	90.00
91.00	EMERGENCY	23,730,394	53,934,242	77,664,636	0.056508	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,201,136	4,715,362	6,916,498	0.000000	0.000000	92.00
93.00	RHC	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
99.10	CORF	0	0	0			99.10
101.00	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE	0	0	0			113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	394,472,886	229,184,303	623,657,189			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	394,472,886	229,184,303	623,657,189			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 1:39 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
31.01	NICU			31.01
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.107518		50.00
51.00	RECOVERY ROOM	0.074211		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.367170		52.00
53.00	ANESTHESIOLOGY	0.019526		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.075428		54.00
54.01	ULTRA-SOUND	0.000000		54.01
54.02	CT SCAN	0.000000		54.02
54.03	MRI	0.000000		54.03
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.054381		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
65.00	RESPIRATORY THERAPY	0.070058		65.00
65.01	SLEEP LAB	0.000000		65.01
66.00	PHYSICAL THERAPY	0.145182		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.058113		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.259031		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.132212		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.150672		73.00
74.00	RENAL DIALYSIS	0.083970		74.00
76.00	ACUPUNCTURE	0.000000		76.00
76.01	SLEEP LAB	0.391494		76.01
76.02	PSYCH SERVICES	0.102726		76.02
76.03	WOUND CARE	1.744208		76.03
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	2.354095		90.00
91.00	EMERGENCY	0.056508		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	RHC	0.000000		93.00
	OTHER REIMBURSABLE COST CENTERS			
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140125

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

Worksheet D
Part I
Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,370,646	0	2,370,646	32,333	73.32	30.00
31.00	INTENSIVE CARE UNIT	584,118		584,118	1,861	313.87	31.00
31.01	NICU	0		0	0	0.00	31.01
40.00	SUBPROVIDER - IPF	343,505	0	343,505	4,100	83.78	40.00
41.00	SUBPROVIDER - IRF	202,044	0	202,044	1,282	157.60	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	31,392		31,392	597	52.58	43.00
44.00	SKILLED NURSING FACILITY	228,176		228,176	3,771	60.51	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	3,759,881		3,759,881	43,944		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/29/2012 1:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	10,534	772,353	30.00
31.00 INTENSIVE CARE UNIT	934	293,155	31.00
31.01 NICU	0	0	31.01
40.00 SUBPROVIDER - IPF	2,816	235,924	40.00
41.00 SUBPROVIDER - IRF	860	135,536	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	2,687	162,590	44.00
45.00 NURSING FACILITY	0	0	45.00
200.00 Total (Lines 30-199)	17,831	1,599,558	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/29/2012 1:39 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,056,789	67,423,963	0.015674	10,613,176	166,351	50.00
51.00	RECOVERY ROOM	56,359	9,097,991	0.006195	1,411,191	8,742	51.00
52.00	DELIVERY ROOM & LABOR ROOM	169,965	2,799,678	0.060709	21,252	1,290	52.00
53.00	ANESTHESIOLOGY	25,710	11,385,792	0.002258	2,170,143	4,900	53.00
54.00	RADIOLOGY-DIAGNOSTIC	548,765	57,148,802	0.009602	7,872,213	75,589	54.00
54.01	ULTRA-SOUND	0	0	0.000000	0	0	54.01
54.02	CT SCAN	0	0	0.000000	0	0	54.02
54.03	MRI	0	0	0.000000	0	0	54.03
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	326,357	79,413,144	0.004110	19,707,472	80,998	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	223,581	24,648,335	0.009071	11,274,852	102,274	65.00
65.01	SLEEP LAB	0	0	0.000000	0	0	65.01
66.00	PHYSICAL THERAPY	463,159	18,212,005	0.025432	2,303,329	58,578	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	199,852	41,725,044	0.004790	11,158,392	53,449	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	90,811	9,706,744	0.009355	4,867,824	45,538	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	81,463	14,991,828	0.005434	5,110,025	27,768	72.00
73.00	DRUGS CHARGED TO PATIENTS	221,113	32,128,310	0.006882	9,884,664	68,026	73.00
74.00	RENAL DIALYSIS	6,813	3,400,021	0.002004	2,052,310	4,113	74.00
76.00	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.01	SLEEP LAB	173,082	1,689,838	0.102425	57,296	5,869	76.01
76.02	PSYCH SERVICES	93,236	3,917,165	0.023802	111,262	2,648	76.02
76.03	WOUND CARE	77,064	399,574	0.192865	1,721	332	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	29,462	633,969	0.046472	0	0	90.00
91.00	EMERGENCY	391,232	77,664,636	0.005037	9,331,511	47,003	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,916,498	0.000000	1,005,247	0	92.00
93.00	RHC	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00	Total (Lines 50-199)	4,234,813	463,303,337		98,953,880	753,468	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140125		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 1:39 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
31.01	NICU	0	0	0	0	0	31.01
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/29/2012 1:39 pm
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS	Title XVIII	
							Hospital	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 ADULTS & PEDIATRICS	32,333	0.00	10,534	0	0	0	30.00	
31.00 INTENSIVE CARE UNIT	1,861	0.00	934	0	0	0	31.00	
31.01 NICU	0	0.00	0	0	0	0	31.01	
40.00 SUBPROVIDER - IPF	4,100	0.00	2,816	0	0	0	40.00	
41.00 SUBPROVIDER - IRF	1,282	0.00	860	0	0	0	41.00	
42.00 SUBPROVIDER	0	0.00	0	0	0	0	42.00	
43.00 NURSERY	597	0.00	0	0	0	0	43.00	
44.00 SKILLED NURSING FACILITY	3,771	0.00	2,687	0	0	0	44.00	
45.00 NURSING FACILITY	0	0.00	0	0	0	0	45.00	
200.00 Total (Lines 30-199)	43,944		17,831	0	0	0	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/29/2012 1:39 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
31.01 NICU	0	0		31.01
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 1:39 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
54.01 ULTRA-SOUND	0	0	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
76.00 ACUPUNCTURE	0	0	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	0	0	76.01
76.02 PSYCH SERVICES	0	0	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
93.00 RHC	0	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	0	96.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 1:39 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	67,423,963	0.000000	0.000000	10,613,176	50.00
51.00 RECOVERY ROOM	0	9,097,991	0.000000	0.000000	1,411,191	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	2,799,678	0.000000	0.000000	21,252	52.00
53.00 ANESTHESIOLOGY	0	11,385,792	0.000000	0.000000	2,170,143	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	57,148,802	0.000000	0.000000	7,872,213	54.00
54.01 ULTRA-SOUND	0	0	0.000000	0.000000	0	54.01
54.02 CT SCAN	0	0	0.000000	0.000000	0	54.02
54.03 MRI	0	0	0.000000	0.000000	0	54.03
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	79,413,144	0.000000	0.000000	19,707,472	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 RESPIRATORY THERAPY	0	24,648,335	0.000000	0.000000	11,274,852	65.00
65.01 SLEEP LAB	0	0	0.000000	0.000000	0	65.01
66.00 PHYSICAL THERAPY	0	18,212,005	0.000000	0.000000	2,303,329	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	41,725,044	0.000000	0.000000	11,158,392	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,706,744	0.000000	0.000000	4,867,824	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	14,991,828	0.000000	0.000000	5,110,025	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	32,128,310	0.000000	0.000000	9,884,664	73.00
74.00 RENAL DIALYSIS	0	3,400,021	0.000000	0.000000	2,052,310	74.00
76.00 ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.01 SLEEP LAB	0	1,689,838	0.000000	0.000000	57,296	76.01
76.02 PSYCH SERVICES	0	3,917,165	0.000000	0.000000	111,262	76.02
76.03 WOUND CARE	0	399,574	0.000000	0.000000	1,721	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	633,969	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	77,664,636	0.000000	0.000000	9,331,511	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,916,498	0.000000	0.000000	1,005,247	92.00
93.00 RHC	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00 Total (Lines 50-199)	0	463,303,337			98,953,880	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 1:39 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
Title XVIII		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	8,097,213	0	0	0	50.00
51.00	RECOVERY ROOM	0	706,596	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	836,052	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	9,094,243	0	0	0	54.00
54.01	ULTRA-SOUND	0	0	0	0	0	54.01
54.02	CT SCAN	0	0	0	0	0	54.02
54.03	MRI	0	0	0	0	0	54.03
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	313,923	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	879,820	0	0	0	65.00
65.01	SLEEP LAB	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	1,569	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	6,127,896	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	159,229	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,815,463	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,368,031	0	0	0	73.00
74.00	RENAL DIALYSIS	0	5,830	0	0	0	74.00
76.00	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	SLEEP LAB	0	381,362	0	0	0	76.01
76.02	PSYCH SERVICES	0	139,891	0	0	0	76.02
76.03	WOUND CARE	0	269,607	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	9,800	0	0	0	90.00
91.00	EMERGENCY	0	8,918,031	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,132,480	0	0	0	92.00
93.00	RHC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (Lines 50-199)	0	40,257,036	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0			50.00
51.00	RECOVERY ROOM	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	ANESTHESIOLOGY	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	ULTRA-SOUND	0	0			54.01
54.02	CT SCAN	0	0			54.02
54.03	MRI	0	0			54.03
56.00	RADIOISOTOPE	0	0			56.00
57.00	CT SCAN	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0			59.00
60.00	LABORATORY	0	0			60.00
60.01	BLOOD LABORATORY	0	0			60.01
65.00	RESPIRATORY THERAPY	0	0			65.00
65.01	SLEEP LAB	0	0			65.01
66.00	PHYSICAL THERAPY	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	0			69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	RENAL DIALYSIS	0	0			74.00
76.00	ACUPUNCTURE	0	0			76.00
76.01	SLEEP LAB	0	0			76.01
76.02	PSYCH SERVICES	0	0			76.02
76.03	WOUND CARE	0	0			76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	CLINIC	0	0			90.00
91.00	EMERGENCY	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
93.00	RHC	0	0			93.00
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 1:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.107518	8,097,213	0	0	50.00
51.00 RECOVERY ROOM	0.074211	706,596	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.367170	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.019526	836,052	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.075428	9,094,243	0	0	54.00
54.01 ULTRA-SOUND	0.000000	0	0	0	54.01
54.02 CT SCAN	0.000000	0	0	0	54.02
54.03 MRI	0.000000	0	0	0	54.03
56.00 RADIOISOTOPE	0.000000	0	0	0	56.00
57.00 CT SCAN	0.000000	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00 LABORATORY	0.054381	313,923	0	0	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0.070058	879,820	0	0	65.00
65.01 SLEEP LAB	0.000000	0	0	0	65.01
66.00 PHYSICAL THERAPY	0.145182	1,569	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.058113	6,127,896	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.259031	159,229	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.132212	1,815,463	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.150672	1,368,031	0	0	73.00
74.00 RENAL DIALYSIS	0.083970	5,830	0	0	74.00
76.00 ACUPUNCTURE	0.000000	0	0	0	76.00
76.01 SLEEP LAB	0.391494	381,362	0	0	76.01
76.02 PSYCH SERVICES	0.102726	139,891	0	0	76.02
76.03 WOUND CARE	1.744208	269,607	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0.000000				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 CLINIC	2.354095	9,800	0	0	90.00
91.00 EMERGENCY	0.056508	8,918,031	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,132,480	0	0	92.00
93.00 RHC	0.000000	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
200.00 Subtotal (see instructions)		40,257,036	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		40,257,036	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140125		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/29/2012 1:39 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Costs						
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)				
	5.00	6.00	7.00				
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	870,596	0	0			50.00
51.00	RECOVERY ROOM	52,437	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	ANESTHESIOLOGY	16,325	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	685,961	0	0			54.00
54.01	ULTRA-SOUND	0	0	0			54.01
54.02	CT SCAN	0	0	0			54.02
54.03	MRI	0	0	0			54.03
56.00	RADIOISOTOPE	0	0	0			56.00
57.00	CT SCAN	0	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	LABORATORY	17,071	0	0			60.00
60.01	BLOOD LABORATORY	0	0	0			60.01
65.00	RESPIRATORY THERAPY	61,638	0	0			65.00
65.01	SLEEP LAB	0	0	0			65.01
66.00	PHYSICAL THERAPY	228	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	356,110	0	0			69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,245	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	240,026	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	206,124	0	0			73.00
74.00	RENAL DIALYSIS	490	0	0			74.00
76.00	ACUPUNCTURE	0	0	0			76.00
76.01	SLEEP LAB	149,301	0	0			76.01
76.02	PSYCH SERVICES	14,370	0	0			76.02
76.03	WOUND CARE	470,251	0	0			76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	23,070	0	0			90.00
91.00	EMERGENCY	503,940	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0			92.00
93.00	RHC	0	0	0			93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
200.00	Subtotal (see instructions)	3,709,183	0	0			200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0				201.00
202.00	Net Charges (line 200 +/- line 201)	3,709,183	0	0			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140125 Component CCN: 14S125		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 1:39 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,056,789	67,423,963	0.015674	0	0	50.00
51.00	RECOVERY ROOM	56,359	9,097,991	0.006195	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	169,965	2,799,678	0.060709	0	0	52.00
53.00	ANESTHESIOLOGY	25,710	11,385,792	0.002258	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	548,765	57,148,802	0.009602	114,916	1,103	54.00
54.01	ULTRA-SOUND	0	0	0.000000	0	0	54.01
54.02	CT SCAN	0	0	0.000000	0	0	54.02
54.03	MRI	0	0	0.000000	0	0	54.03
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	326,357	79,413,144	0.004110	1,163,501	4,782	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	223,581	24,648,335	0.009071	121,667	1,104	65.00
65.01	SLEEP LAB	0	0	0.000000	0	0	65.01
66.00	PHYSICAL THERAPY	463,159	18,212,005	0.025432	20,083	511	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	199,852	41,725,044	0.004790	41,334	198	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	90,811	9,706,744	0.009355	68,745	643	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	81,463	14,991,828	0.005434	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	221,113	32,128,310	0.006882	1,053,917	7,253	73.00
74.00	RENAL DIALYSIS	6,813	3,400,021	0.002004	17,489	35	74.00
76.00	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.01	SLEEP LAB	173,082	1,689,838	0.102425	1,049	107	76.01
76.02	PSYCH SERVICES	93,236	3,917,165	0.023802	127,145	3,026	76.02
76.03	WOUND CARE	77,064	399,574	0.192865	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	29,462	633,969	0.046472	0	0	90.00
91.00	EMERGENCY	391,232	77,664,636	0.005037	899,005	4,528	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,916,498	0.000000	0	0	92.00
93.00	RHC	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00	Total (lines 50-199)	4,234,813	463,303,337		3,628,851	23,290	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140125 Component CCN: 14S125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 1:39 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRA-SOUND	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
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
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 ACUPUNCTURE	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	76.01
76.02 PSYCH SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 RHC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
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: 140125 Component CCN: 14S125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 1:39 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	67,423,963	0.000000	0.000000	0	50.00
51.00 RECOVERY ROOM	0	9,097,991	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	2,799,678	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	11,385,792	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	57,148,802	0.000000	0.000000	114,916	54.00
54.01 ULTRA-SOUND	0	0	0.000000	0.000000	0	54.01
54.02 CT SCAN	0	0	0.000000	0.000000	0	54.02
54.03 MRI	0	0	0.000000	0.000000	0	54.03
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	79,413,144	0.000000	0.000000	1,163,501	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 RESPIRATORY THERAPY	0	24,648,335	0.000000	0.000000	121,667	65.00
65.01 SLEEP LAB	0	0	0.000000	0.000000	0	65.01
66.00 PHYSICAL THERAPY	0	18,212,005	0.000000	0.000000	20,083	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	41,725,044	0.000000	0.000000	41,334	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,706,744	0.000000	0.000000	68,745	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	14,991,828	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	32,128,310	0.000000	0.000000	1,053,917	73.00
74.00 RENAL DIALYSIS	0	3,400,021	0.000000	0.000000	17,489	74.00
76.00 ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.01 SLEEP LAB	0	1,689,838	0.000000	0.000000	1,049	76.01
76.02 PSYCH SERVICES	0	3,917,165	0.000000	0.000000	127,145	76.02
76.03 WOUND CARE	0	399,574	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	633,969	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	77,664,636	0.000000	0.000000	899,005	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,916,498	0.000000	0.000000	0	92.00
93.00 RHC	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00 Total (lines 50-199)	0	463,303,337			3,628,851	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140125 Component CCN: 14S125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 1:39 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRA-SOUND	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
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
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 ACUPUNCTURE	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	76.01
76.02 PSYCH SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 RHC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
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: 140125 Component CCN: 14S125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 1:39 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 ULTRA-SOUND	0	0	54.01
54.02 CT SCAN	0	0	54.02
54.03 MRI	0	0	54.03
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	65.00
65.01 SLEEP LAB	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
76.00 ACUPUNCTURE	0	0	76.00
76.01 SLEEP LAB	0	0	76.01
76.02 PSYCH SERVICES	0	0	76.02
76.03 WOUND CARE	0	0	76.03
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00 RHC	0	0	93.00
OTHER REIMBURSABLE COST CENTERS			
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140125 Component CCN: 14T125		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 1:39 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	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,056,789	67,423,963	0.015674	127,809	2,003	50.00
51.00	RECOVERY ROOM	56,359	9,097,991	0.006195	7,644	47	51.00
52.00	DELIVERY ROOM & LABOR ROOM	169,965	2,799,678	0.060709	0	0	52.00
53.00	ANESTHESIOLOGY	25,710	11,385,792	0.002258	18,106	41	53.00
54.00	RADIOLOGY-DIAGNOSTIC	548,765	57,148,802	0.009602	93,720	900	54.00
54.01	ULTRA-SOUND	0	0	0.000000	0	0	54.01
54.02	CT SCAN	0	0	0.000000	0	0	54.02
54.03	MRI	0	0	0.000000	0	0	54.03
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	326,357	79,413,144	0.004110	354,978	1,459	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	223,581	24,648,335	0.009071	234,681	2,129	65.00
65.01	SLEEP LAB	0	0	0.000000	0	0	65.01
66.00	PHYSICAL THERAPY	463,159	18,212,005	0.025432	2,040,500	51,894	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	199,852	41,725,044	0.004790	17,883	86	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	90,811	9,706,744	0.009355	119,735	1,120	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	81,463	14,991,828	0.005434	12,401	67	72.00
73.00	DRUGS CHARGED TO PATIENTS	221,113	32,128,310	0.006882	448,644	3,088	73.00
74.00	RENAL DIALYSIS	6,813	3,400,021	0.002004	175,847	352	74.00
76.00	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.01	SLEEP LAB	173,082	1,689,838	0.102425	0	0	76.01
76.02	PSYCH SERVICES	93,236	3,917,165	0.023802	0	0	76.02
76.03	WOUND CARE	77,064	399,574	0.192865	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	29,462	633,969	0.046472	0	0	90.00
91.00	EMERGENCY	391,232	77,664,636	0.005037	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,916,498	0.000000	0	0	92.00
93.00	RHC	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00	Total (lines 50-199)	4,234,813	463,303,337		3,651,948	63,186	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140125 Component CCN: 14T125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 1:39 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRA-SOUND	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
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
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 ACUPUNCTURE	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	76.01
76.02 PSYCH SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 RHC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
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: 140125 Component CCN: 14T125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 1:39 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	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	67,423,963	0.000000	0.000000	127,809	50.00
51.00 RECOVERY ROOM	0	9,097,991	0.000000	0.000000	7,644	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	2,799,678	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	11,385,792	0.000000	0.000000	18,106	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	57,148,802	0.000000	0.000000	93,720	54.00
54.01 ULTRA-SOUND	0	0	0.000000	0.000000	0	54.01
54.02 CT SCAN	0	0	0.000000	0.000000	0	54.02
54.03 MRI	0	0	0.000000	0.000000	0	54.03
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	79,413,144	0.000000	0.000000	354,978	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 RESPIRATORY THERAPY	0	24,648,335	0.000000	0.000000	234,681	65.00
65.01 SLEEP LAB	0	0	0.000000	0.000000	0	65.01
66.00 PHYSICAL THERAPY	0	18,212,005	0.000000	0.000000	2,040,500	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	41,725,044	0.000000	0.000000	17,883	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,706,744	0.000000	0.000000	119,735	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	14,991,828	0.000000	0.000000	12,401	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	32,128,310	0.000000	0.000000	448,644	73.00
74.00 RENAL DIALYSIS	0	3,400,021	0.000000	0.000000	175,847	74.00
76.00 ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.01 SLEEP LAB	0	1,689,838	0.000000	0.000000	0	76.01
76.02 PSYCH SERVICES	0	3,917,165	0.000000	0.000000	0	76.02
76.03 WOUND CARE	0	399,574	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	633,969	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	77,664,636	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,916,498	0.000000	0.000000	0	92.00
93.00 RHC	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00 Total (lines 50-199)	0	463,303,337			3,651,948	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140125 Component CCN: 14T125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 1:39 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRA-SOUND	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
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
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 ACUPUNCTURE	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	76.01
76.02 PSYCH SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 RHC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
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: 140125 Component CCN: 14T125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 1:39 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 ULTRA-SOUND	0	0	54.01
54.02 CT SCAN	0	0	54.02
54.03 MRI	0	0	54.03
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	65.00
65.01 SLEEP LAB	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
76.00 ACUPUNCTURE	0	0	76.00
76.01 SLEEP LAB	0	0	76.01
76.02 PSYCH SERVICES	0	0	76.02
76.03 WOUND CARE	0	0	76.03
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00 RHC	0	0	93.00
OTHER REIMBURSABLE COST CENTERS			
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 1:39 pm
	Component CCN:		
	Title XVIII		Swing Beds - SNF

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.107518	0	0	0		50.00
51.00 RECOVERY ROOM	0.074211	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.367170	0	0	0		52.00
53.00 ANESTHESIOLOGY	0.019526	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.075428	0	0	0		54.00
54.01 ULTRA-SOUND	0.000000	0	0	0		54.01
54.02 CT SCAN	0.000000	0	0	0		54.02
54.03 MRI	0.000000	0	0	0		54.03
56.00 RADIOISOTOPE	0.000000	0	0	0		56.00
57.00 CT SCAN	0.000000	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00 LABORATORY	0.054381	0	0	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
65.00 RESPIRATORY THERAPY	0.070058	0	0	0		65.00
65.01 SLEEP LAB	0.000000	0	0	0		65.01
66.00 PHYSICAL THERAPY	0.145182	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.000000	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0.000000	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.058113	0	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.259031	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.132212	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.150672	0	0	0		73.00
74.00 RENAL DIALYSIS	0.083970	0	0	0		74.00
76.00 ACUPUNCTURE	0.000000	0	0	0		76.00
76.01 SLEEP LAB	0.391494	0	0	0		76.01
76.02 PSYCH SERVICES	0.102726	0	0	0		76.02
76.03 WOUND CARE	1.744208	0	0	0		76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0.000000					88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00 CLINIC	2.354095	0	0	0		90.00
91.00 EMERGENCY	0.056508	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0		92.00
93.00 RHC	0.000000	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
200.00 Subtotal (see instructions)		0	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)			0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 1:39 pm
	Component CCN:	Title XVIII Swing Beds - SNF	

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 ULTRA-SOUND	0	0	0	54.01
54.02 CT SCAN	0	0	0	54.02
54.03 MRI	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	65.01
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
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
76.00 ACUPUNCTURE	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	76.01
76.02 PSYCH SERVICES	0	0	0	76.02
76.03 WOUND CARE	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 RHC	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00 Subtotal (see instructions)	0	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140125 Component CCN: 145562	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 1:39 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRA-SOUND	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
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
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 ACUPUNCTURE	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	76.01
76.02 PSYCH SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 RHC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
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: 140125 Component CCN: 145562	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 1:39 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	67,423,963	0.000000	0.000000	0	50.00
51.00 RECOVERY ROOM	0	9,097,991	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	2,799,678	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	11,385,792	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	57,148,802	0.000000	0.000000	0	54.00
54.01 ULTRA-SOUND	0	0	0.000000	0.000000	0	54.01
54.02 CT SCAN	0	0	0.000000	0.000000	0	54.02
54.03 MRI	0	0	0.000000	0.000000	0	54.03
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	79,413,144	0.000000	0.000000	0	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 RESPIRATORY THERAPY	0	24,648,335	0.000000	0.000000	0	65.00
65.01 SLEEP LAB	0	0	0.000000	0.000000	0	65.01
66.00 PHYSICAL THERAPY	0	18,212,005	0.000000	0.000000	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	41,725,044	0.000000	0.000000	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,706,744	0.000000	0.000000	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	14,991,828	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	32,128,310	0.000000	0.000000	0	73.00
74.00 RENAL DIALYSIS	0	3,400,021	0.000000	0.000000	0	74.00
76.00 ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.01 SLEEP LAB	0	1,689,838	0.000000	0.000000	0	76.01
76.02 PSYCH SERVICES	0	3,917,165	0.000000	0.000000	0	76.02
76.03 WOUND CARE	0	399,574	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	633,969	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	77,664,636	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,916,498	0.000000	0.000000	0	92.00
93.00 RHC	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00 Total (lines 50-199)	0	463,303,337			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140125 Component CCN: 145562	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 1:39 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRA-SOUND	0	0	0	0	0	54.01
54.02 CT SCAN	0	0	0	0	0	54.02
54.03 MRI	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
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
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 ACUPUNCTURE	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	76.01
76.02 PSYCH SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 RHC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
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: 140125 Component CCN: 145562	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 1:39 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 ULTRA-SOUND	0	0	54.01
54.02 CT SCAN	0	0	54.02
54.03 MRI	0	0	54.03
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	65.00
65.01 SLEEP LAB	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
76.00 ACUPUNCTURE	0	0	76.00
76.01 SLEEP LAB	0	0	76.01
76.02 PSYCH SERVICES	0	0	76.02
76.03 WOUND CARE	0	0	76.03
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00 RHC	0	0	93.00
OTHER REIMBURSABLE COST CENTERS			
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00 Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2012 1:39 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		32,333	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		32,333	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		4,150	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		28,183	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)		10,534	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		19,644,541	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)		19,644,541	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		124,935,870	28.00
29.00	Private room charges (excluding swing-bed charges)		18,552,783	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		106,383,087	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.157237	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		4,470.55	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		3,774.73	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		695.82	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		109.41	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		454,052	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		19,190,489	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		607.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,400,142	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,400,142	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140125		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,129,583	1,861	1,681.67	934	1,570,680	43.00
43.01	NICU	0	0	0.00	0	0	43.01
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)					8,896,617	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,867,439	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,065,508	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					753,468	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,818,976	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,048,463	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140125		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 1:39 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	2,370,646	19,644,541	0.120677	0	0	90.00
91.00	Nursing School cost	0	19,644,541	0.000000	0	0	91.00
92.00	Allied health cost	0	19,644,541	0.000000	0	0	92.00
93.00	All other Medical Education	0	19,644,541	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14S125		Date/Time Prepared: 5/29/2012 1:39 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,100	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,100	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,100	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)		2,816	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,358,341	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,358,341	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,358,341	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		575.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,619,791	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)		1,619,791	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140125		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14S125				Date/Time Prepared: 5/29/2012 1:39 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NICU	0	0	0.00	0	0	43.01
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)					328,127	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,947,918	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)					235,924	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					23,290	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					259,214	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,688,704	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14S125		Date/Time Prepared: 5/29/2012 1:39 pm
		Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	343,505	2,358,341	0.145655	0	0	90.00
91.00 Nursing School cost	0	2,358,341	0.000000	0	0	91.00
92.00 Allied health cost	0	2,358,341	0.000000	0	0	92.00
93.00 All other Medical Education	0	2,358,341	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14T125		Date/Time Prepared: 5/29/2012 1:39 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,282	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,282	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)		1,282	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)		860	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,413,736	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)		1,413,736	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,413,736	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,102.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		948,374	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)		948,374	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140125		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14T125				Date/Time Prepared: 5/29/2012 1:39 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NICU	0	0	0.00	0	0	0	43.01
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)					469,779		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,418,153		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)					135,536		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					63,186		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					198,722		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,219,431		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140125 Component CCN: 14T125		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 1:39 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	202,044	1,413,736	0.142915	0	0	90.00
91.00	Nursing School cost	0	1,413,736	0.000000	0	0	91.00
92.00	Allied health cost	0	1,413,736	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,413,736	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 145562		Date/Time Prepared: 5/29/2012 1:39 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,771	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,771	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		868	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,903	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)		2,687	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,981,097	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)		1,981,097	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		7,159,406	28.00
29.00	Private room charges (excluding swing-bed charges)		2,376,141	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,783,265	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.276712	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,737.49	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,647.70	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		1,089.79	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		301.56	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		261,754	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,719,343	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140125		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 145562		Date/Time Prepared: 5/29/2012 1:39 pm		PPS	
		Title XVIII		Skilled Nursing Facility			
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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	NICU						43.01
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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					1,719,343	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					455.94	71.00
72.00	Program routine service cost (line 9 x line 71)					1,225,111	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					1,225,111	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					1,225,111	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					1,225,111	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140125 Component CCN: 145562		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 1:39 pm	
		Title XVIII		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 1:39 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		40,175,355		30.00
31.00	INTENSIVE CARE UNIT		5,750,737		31.00
31.01	NICU		0		31.01
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.107518	10,613,176	1,141,107	50.00
51.00	RECOVERY ROOM	0.074211	1,411,191	104,726	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.367170	21,252	7,803	52.00
53.00	ANESTHESIOLOGY	0.019526	2,170,143	42,374	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.075428	7,872,213	593,785	54.00
54.01	ULTRA-SOUND	0.000000	0	0	54.01
54.02	CT SCAN	0.000000	0	0	54.02
54.03	MRI	0.000000	0	0	54.03
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.054381	19,707,472	1,071,712	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.070058	11,274,852	789,894	65.00
65.01	SLEEP LAB	0.000000	0	0	65.01
66.00	PHYSICAL THERAPY	0.145182	2,303,329	334,402	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.058113	11,158,392	648,448	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.259031	4,867,824	1,260,917	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.132212	5,110,025	675,607	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.150672	9,884,664	1,489,342	73.00
74.00	RENAL DIALYSIS	0.083970	2,052,310	172,332	74.00
76.00	ACUPUNCTURE	0.000000	0	0	76.00
76.01	SLEEP LAB	0.391494	57,296	22,431	76.01
76.02	PSYCH SERVICES	0.102726	111,262	11,430	76.02
76.03	WOUND CARE	1.744208	1,721	3,002	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	2.354095	0	0	90.00
91.00	EMERGENCY	0.056508	9,331,511	527,305	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,005,247	0	92.00
93.00	RHC	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		98,953,880	8,896,617	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)		98,953,880		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14S125		Date/Time Prepared: 5/29/2012 1:39 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	NICU		0		31.01
40.00	SUBPROVIDER - IPF		9,992,169		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.107518	0	0	50.00
51.00	RECOVERY ROOM	0.074211	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.367170	0	0	52.00
53.00	ANESTHESIOLOGY	0.019526	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.075428	114,916	8,668	54.00
54.01	ULTRA-SOUND	0.000000	0	0	54.01
54.02	CT SCAN	0.000000	0	0	54.02
54.03	MRI	0.000000	0	0	54.03
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.054381	1,163,501	63,272	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.070058	121,667	8,524	65.00
65.01	SLEEP LAB	0.000000	0	0	65.01
66.00	PHYSICAL THERAPY	0.145182	20,083	2,916	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.058113	41,334	2,402	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.259031	68,745	17,807	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.132212	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.150672	1,053,917	158,796	73.00
74.00	RENAL DIALYSIS	0.083970	17,489	1,469	74.00
76.00	ACUPUNCTURE	0.000000	0	0	76.00
76.01	SLEEP LAB	0.391494	1,049	411	76.01
76.02	PSYCH SERVICES	0.102726	127,145	13,061	76.02
76.03	WOUND CARE	1.744208	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	2.354095	0	0	90.00
91.00	EMERGENCY	0.056508	899,005	50,801	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
93.00	RHC	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		3,628,851	328,127	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		3,628,851		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140125 Component CCN: 14T125	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 1:39 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	NICU		0		31.01
40.00	SUBPROVIDER - 1PF		0		40.00
41.00	SUBPROVIDER - IRF		2,130,081		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.107518	127,809	13,742	50.00
51.00	RECOVERY ROOM	0.074211	7,644	567	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.367170	0	0	52.00
53.00	ANESTHESIOLOGY	0.019526	18,106	354	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.075428	93,720	7,069	54.00
54.01	ULTRA-SOUND	0.000000	0	0	54.01
54.02	CT SCAN	0.000000	0	0	54.02
54.03	MRI	0.000000	0	0	54.03
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.054381	354,978	19,304	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.070058	234,681	16,441	65.00
65.01	SLEEP LAB	0.000000	0	0	65.01
66.00	PHYSICAL THERAPY	0.145182	2,040,500	296,244	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.058113	17,883	1,039	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.259031	119,735	31,015	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.132212	12,401	1,640	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.150672	448,644	67,598	73.00
74.00	RENAL DIALYSIS	0.083970	175,847	14,766	74.00
76.00	ACUPUNCTURE	0.000000	0	0	76.00
76.01	SLEEP LAB	0.391494	0	0	76.01
76.02	PSYCH SERVICES	0.102726	0	0	76.02
76.03	WOUND CARE	1.744208	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	2.354095	0	0	90.00
91.00	EMERGENCY	0.056508	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
93.00	RHC	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		3,651,948	469,779	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		3,651,948		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN:	Date/Time Prepared: 5/29/2012 1:39 pm		
		Title XVIII	Swing Beds - SNF		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	NICU		0		31.01
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.107518	0	0	50.00
51.00	RECOVERY ROOM	0.074211	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.367170	0	0	52.00
53.00	ANESTHESIOLOGY	0.019526	826	16	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.075428	103,312	7,793	54.00
54.01	ULTRA-SOUND	0.000000	0	0	54.01
54.02	CT SCAN	0.000000	0	0	54.02
54.03	MRI	0.000000	0	0	54.03
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.054381	995,620	54,143	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.070058	1,599,101	112,030	65.00
65.01	SLEEP LAB	0.000000	0	0	65.01
66.00	PHYSICAL THERAPY	0.145182	2,497,347	362,570	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.058113	52,499	3,051	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.259031	799,001	206,966	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.132212	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.150672	1,515,281	228,310	73.00
74.00	RENAL DIALYSIS	0.083970	0	0	74.00
76.00	ACUPUNCTURE	0.000000	0	0	76.00
76.01	SLEEP LAB	0.391494	1,237	484	76.01
76.02	PSYCH SERVICES	0.102726	0	0	76.02
76.03	WOUND CARE	1.744208	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	2.354095	0	0	90.00
91.00	EMERGENCY	0.056508	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
93.00	RHC	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		7,564,224	975,363	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)			0	201.00
202.00	Net Charges (line 200 minus line 201)		7,564,224		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 1:39 pm
		Title XVIIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		12,984,593	1.00
2.00	Outlier payments for discharges. (see instructions)		103,431	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)		289.00	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		15.39	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		38.08	31.00
32.00	Sum of lines 30 and 31		53.47	32.00
33.00	Allowable disproportionate share percentage (see instructions)		33.32	33.00
34.00	Disproportionate share adjustment (see instructions)		4,326,466	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		17,414,490	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)		17,414,490	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,177,534	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: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 1:39 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)			18,592,024 59.00
60.00	Primary payer payments			35,162 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			18,556,862 61.00
62.00	Deductibles billed to program beneficiaries			1,683,648 62.00
63.00	Coinsurance billed to program beneficiaries			61,977 63.00
64.00	Allowable bad debts (see instructions)			533,878 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			373,715 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			438,100 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			17,184,952 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)			17,184,952 71.00
72.00	Interim payments			17,013,838 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)			171,114 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			455,849 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 1:39 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,709,183	2.00
3.00	PPS payments		3,510,606	3.00
4.00	Outlier payment (see instructions)		11,184	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		3,521,790	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		863,558	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)		2,658,232	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)		2,658,232	30.00
31.00	Primary payer payments		918	31.00
32.00	Subtotal (line 30 minus line 31)		2,657,314	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		305,081	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		213,557	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		278,259	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		2,870,871	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)		2,870,871	40.00
41.00	Interim payments		2,871,114	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)		-243	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 1:39 pm
		Title XVIII	Hospital
			PPS Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 1:39 pm
		Component CCN: 14S125	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140125 Component CCN: 14S125	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 1:39 pm
	Title XVIII	Subprovider - IPF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 1:39 pm
		Component CCN: 14T125	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140125 Component CCN: 14T125	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 1:39 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 1:39 pm
		Component CCN: 145562	Title XVIII	Skilled Nursing Facility
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140125 Component CCN: 145562	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 1:39 pm
	Title XVIII	Skilled Nursing Facility	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140125

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2012 1:39 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		16,903,338		2,819,414		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	08/03/2011	110,500	08/03/2011	51,700		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)		110,500		51,700		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)		17,013,838		2,871,114		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		171,114		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		243		6.02
7.00	Total Medicare program liability (see instructions)		17,184,952		2,870,871		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: 140125
Component CCN: 14S125

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2012 1:39 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,997,001			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/03/2011	21,600			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)		21,600			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,018,601			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)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		0			0 6.01
6.02	SETTLEMENT TO PROGRAM		8,123			0 6.02
7.00	Total Medicare program liability (see instructions)		2,010,478			0 7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140125

Period: From 01/01/2011

Worksheet E-1

Component CCN: 14T125

To 12/31/2011

Part I
Date/Time Prepared:
5/29/2012 1:39 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,070,750		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)		1,070,750		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		42,624		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,113,374		0	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: 140125

Period: From 01/01/2011

Worksheet E-1

Component CCN: 145562

To 12/31/2011

Part I
Date/Time Prepared:
5/29/2012 1:39 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
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		1,075,817		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)		1,075,817		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		3,804		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,079,621		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/29/2012 1:39 pm
		Component CCN: 14S125	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		2,145,398	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		11.232877	9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,145,398	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		2,145,398	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,145,398	18.00
19.00	Deductibles		188,948	19.00
20.00	Subtotal (line 18 minus line 19)		1,956,450	20.00
21.00	Coinurance		29,149	21.00
22.00	Subtotal (line 20 minus line 21)		1,927,301	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		118,824	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		83,177	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		96,465	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,010,478	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		2,010,478	31.00
32.00	Interim payments		2,018,601	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		-8,123	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/29/2012 1:39 pm
		Component CCN: 14T125	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		925,012	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0739	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		91,760	3.00
4.00	Outlier Payments		111,941	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)		3.512329	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)		1,128,713	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)		1,128,713	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		1,128,713	19.00
20.00	Deductibles		11,320	20.00
21.00	Subtotal (line 19 minus line 20)		1,117,393	21.00
22.00	Coinsurance		4,811	22.00
23.00	Subtotal (line 21 minus line 22)		1,112,582	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		1,132	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		792	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,132	26.00
27.00	Subtotal (sum of lines 23 and 25)		1,113,374	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)		1,113,374	32.00
33.00	Interim payments		1,070,750	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)		42,624	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		9,158	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140125 Component CCN: 145562	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VI Date/Time Prepared: 5/29/2012 1:39 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,121,522	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,121,522	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		45,705	7.00
8.00	Allowable bad debts (see instructions)		4,841	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		1,385	9.00
10.00	Allowable reimbursable bad debts (see instructions)		3,804	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		1,079,621	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		1,079,621	15.00
16.00	Interim payments		1,075,817	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		3,804	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

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

Provider CCN: 140125

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

Worksheet G

Date/Time Prepared:
5/29/2012 1:39 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-911,922	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	19,227,140	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-4,565,130	0	0	0	6.00
7.00	Inventory	2,135,817	0	0	0	7.00
8.00	Prepaid expenses	418,843	0	0	0	8.00
9.00	Other current assets	7,361	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)	16,312,109	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,936,211	0	0	0	12.00
13.00	Land improvements	2,560,310	0	0	0	13.00
14.00	Accumulated depreciation	-1,027,140	0	0	0	14.00
15.00	Buildings	20,735,819	0	0	0	15.00
16.00	Accumulated depreciation	-6,185,293	0	0	0	16.00
17.00	Leasehold improvements	26,860,615	0	0	0	17.00
18.00	Accumulated depreciation	-5,722,415	0	0	0	18.00
19.00	Fixed equipment	5,127,746	0	0	0	19.00
20.00	Accumulated depreciation	-1,354,461	0	0	0	20.00
21.00	Automobiles and trucks	58,595	0	0	0	21.00
22.00	Accumulated depreciation	-44,701	0	0	0	22.00
23.00	Major movable equipment	15,072,555	0	0	0	23.00
24.00	Accumulated depreciation	-8,022,619	0	0	0	24.00
25.00	Minor equipment depreciable	5,096,391	0	0	0	25.00
26.00	Accumulated depreciation	-1,583,189	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)	54,508,424	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,434,585	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,434,585	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	72,255,118	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,742,870	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,812,236	0	0	0	38.00
39.00	Payroll taxes payable	343,293	0	0	0	39.00
40.00	Notes and loans payable (short term)	17,194	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	-10,603,942	0	0	0	43.00
44.00	Other current liabilities	941,463	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,253,114	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,253,114	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	70,002,004				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	70,002,004	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	72,255,118	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140125

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

Worksheet G-1

Date/Time Prepared:
5/29/2012 1:39 pm

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
		1.00	Fund balances at beginning of period		71,401,465		
2.00	Net income (loss) (From Wkst. G-3, line 29)		-1,399,461			2.00	
3.00	Total (sum of line 1 and line 2)		70,002,004		0	3.00	
4.00	Additions (credit adjustments) (specify)	0		0		4.00	
5.00		0		0		5.00	
6.00		0		0		6.00	
7.00		0		0		7.00	
8.00		0		0		8.00	
9.00		0		0		9.00	
10.00	Total additions (sum of line 4-9)		0		0	10.00	
11.00	Subtotal (line 3 plus line 10)		70,002,004		0	11.00	
12.00	Deductions (debit adjustments) (specify)	0		0		12.00	
13.00		0		0		13.00	
14.00		0		0		14.00	
15.00		0		0		15.00	
16.00		0		0		16.00	
17.00		0		0		17.00	
18.00	Total deductions (sum of lines 12-17)		0		0	18.00	
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		70,002,004		0	19.00	

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140125

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

Worksheet G-1

Date/Time Prepared:
5/29/2012 1:39 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140125

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

Worksheet G-2 Parts

Date/Time Prepared:
5/29/2012 1:39 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	124,296,471		124,296,471	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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	7,152,891		7,152,891	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	131,449,362		131,449,362	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,128,439		11,128,439	11.00
11.01	NICU	0		0	11.01
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)	11,128,439		11,128,439	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	142,577,801		142,577,801	17.00
18.00	Ancillary services	251,895,084	0	251,895,084	18.00
19.00	Outpatient services	0	228,687,695	228,687,695	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		496,608	496,608	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	394,472,885	229,184,303	623,657,188	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		111,522,418		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)		111,522,418		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140125

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

Worksheet G-3

Date/Time Prepared:
5/29/2012 1:39 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	623,657,188	1.00
2.00	Less contractual allowances and discounts on patients' accounts	514,242,557	2.00
3.00	Net patient revenues (line 1 minus line 2)	109,414,631	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	111,522,418	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,107,787	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	708,326	24.00
25.00	Total other income (sum of lines 6-24)	708,326	25.00
26.00	Total (line 5 plus line 25)	-1,399,461	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)	-1,399,461	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140125	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/29/2012 1:39 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			1,046,251 1.00
2.00	Capital DRG outlier payments			11,592 2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)			93.68 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)			15.39 7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)			38.08 8.00
9.00	Sum of lines 7 and 8			53.47 9.00
10.00	Allowable disproportionate share percentage (see instructions)			11.44 10.00
11.00	Disproportionate share adjustment (line 1 times line 10)			119,691 11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)			1,177,534 12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)			0 1.00
2.00	Program inpatient ancillary capital cost (see instructions)			0 2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)			0 3.00
4.00	Capital cost payment factor (see instructions)			0 4.00
5.00	Total inpatient program capital cost (line 3 x line 4)			0 5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)			0 1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)			0 2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)			0 3.00
4.00	Applicable exception percentage (see instructions)			0.00 4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)			0 5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)			0.00 6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			0 7.00
8.00	Capital minimum payment level (line 5 plus line 7)			0 8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)			0 9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			0 10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)			0 11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			0 12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)			0 13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)			0 14.00
15.00	Current year allowable operating and capital payment (see instructions)			0 15.00
16.00	Current year operating and capital costs (see instructions)			0 16.00
17.00	Current year exception offset amount (see instructions)			0 17.00