

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: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/21/2012 8:15 am
--	----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input checked="" 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: _____ Time: _____
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: _____ 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 SOUTH SHORE HOSPITAL CORPORATION 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	415,513	134,705	0	0
2.00	Subprovider - IPF	0	0	0	0	0
3.00	Subprovider - IRF	0	0	0	0	0
4.00	SUBPROVIDER I	0	0	0	0	0
5.00	Swing bed - SNF	0	0	0	0	0
6.00	Swing bed - NF	0	0	0	0	0
7.00	SKILLED NURSING FACILITY	0	0	0	0	0
8.00	NURSING FACILITY	0	0	0	0	0
9.00	HOME HEALTH AGENCY I	0	0	0	0	0
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00	CMHC I	0	0	0	0	0
200.00	Total	0	415,513	134,705	0	0

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140181			Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/21/2012 8:15 am					
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 8012 SOUTH CRANDON AVENUE			PO Box:				1.00				
2.00	City: CHICAGO		State: IL		Zip Code: 60617-1175		County: COOK					
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		SOUTH SHORE HOSPITAL CORPORATION		140181	16974	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF							N	N	N		7.00
8.00	Swing Beds - NF							N		N		8.00
9.00	Hospital-Based SNF							N	N	N		9.00
10.00	Hospital-Based NF							N		N		10.00
10.01	ICF/MR							N		N		10.01
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							N	N	N		17.00
17.10	Hospital-Based (CORF) 1							N	N	N		17.10
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011		20.00		
21.00	Type of Control (see instructions)						2		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
23.00	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.			7,979	0	0	0	0	0	24.00		
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.			0	0	0	0	0	0	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/21/2012 8:15 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	Y	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)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140181

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

Worksheet S-2
Part I
Date/Time Prepared:
5/21/2012 8:15 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/21/2012 8:15 am	
			1.00	2.00	3.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		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	Speech
			1.00	2.00	3.00
			Respiratory		4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		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.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
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.		5,000,000	1,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		N		121.00
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: 140181		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/21/2012 8:15 am	
		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)		N				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:	Contractor's Name:		Contractor's Number:			141.00
142.00	Street:	PO Box:		Zip Code:			142.00
143.00	City:	State:					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	
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: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/21/2012 8:15 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/22/2012	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/05/2012		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)	N			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: 140181

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

Worksheet S-2
Part II
Date/Time Prepared:
5/21/2012 8:15 am

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	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				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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				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.		N		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?		N		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.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140181

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

Worksheet S-2
Part II
Date/Time Prepared:
5/21/2012 8:15 am

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/05/2012	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)	N		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: 140181

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	117	42,705	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)		117	42,705	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00 OTHER SPECIAL CARE	35.00	0	0	0.00		12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		125	45,625	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
20.01 ICF/MR	45.01	0	0	0.00		20.01
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00					25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		125				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: 140181

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	14,858	7,979	24,693		1.00
2.00 HMO		0	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	14,858	7,979	24,693		7.00
8.00 INTENSIVE CARE UNIT	0	1,560	0	2,326		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE	0	0	0	0		12.00
13.00 NURSERY	0		0	0		13.00
14.00 Total (see instructions)	0	16,418	7,979	27,019		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0		0	0		20.00
20.01 ICF/MR	0	0	0	0		20.01
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0		23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)				0		27.00
28.00 Observation Bed Days	0		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: 140181

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	2,207	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	431.70	0.00	0	2,207	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
20.01 ICF/MR	0.00	0.00	0.00	0	0	20.01
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	431.70	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: 140181

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,632	4,430		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	1,632	4,430		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
20.01 ICF/MR	0	0		20.01
21.00 OTHER LONG TERM CARE		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
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: 140181		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part II Date/Time Prepared: 5/21/2012 8:15 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	19,713,453	0	19,713,453	867,687.35	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	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		208,155	11,933	220,088	21,928.65	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		482,342	0	482,342	6,669.83	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		0	0	0	0.00	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		3,380,573	0	3,380,573		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		43,964	0	43,964		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		0	0	0		22.00
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	156,696	0	156,696	8,333.00	26.00
27.00	Administrative & General	5.00	2,561,075	-11,933	2,549,142	103,831.00	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	823,872	0	823,872	49,562.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	472,097	0	472,097	46,699.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	562,328	0	562,328	59,950.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	198,497	0	198,497	2,980.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	693,959	0	693,959	21,609.00	38.00
39.00	Central Services and Supply	14.00	111,184	0	111,184	8,277.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	687,424	0	687,424	31,218.00	41.00
42.00	Social Service	17.00	94,489	0	94,489	4,460.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140181

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

Worksheet S-3
Part II
Date/Time Prepared:
5/21/2012 8:15 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	22.72	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	0.00	9.00
10.00	Excluded area salaries (see instructions)	10.04	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	72.32	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	0.00	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	18.80	26.00
27.00	Administrative & General	24.55	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	16.62	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	10.11	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	9.38	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	66.61	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	32.11	38.00
39.00	Central Services and Supply	13.43	39.00
40.00	Pharmacy	0.00	40.00
41.00	Medical Records & Medical Records Library	22.02	41.00
42.00	Social Service	21.19	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140181

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

Worksheet S-3
Part III
Date/Time Prepared:
5/21/2012 8:15 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	19,713,453	0	19,713,453	867,687.35	1.00
2.00	Excluded area salaries (see instructions)	208,155	11,933	220,088	21,928.65	2.00
3.00	Subtotal salaries (line 1 minus line 2)	19,505,298	-11,933	19,493,365	845,758.70	3.00
4.00	Subtotal other wages & related costs (see inst.)	482,342	0	482,342	6,669.83	4.00
5.00	Subtotal wage-related costs (see inst.)	3,380,573	0	3,380,573	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	23,368,213	-11,933	23,356,280	852,428.53	6.00
7.00	Total overhead cost (see instructions)	6,361,621	-11,933	6,349,688	336,919.00	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/21/2012 8:15 am
---------------------------------	--	----------------------	---	---

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	22.72	1.00
2.00	Excluded area salaries (see instructions)	10.04	2.00
3.00	Subtotal salaries (line 1 minus line 2)	23.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	72.32	4.00
5.00	Subtotal wage-related costs (see inst.)	17.34	5.00
6.00	Total (sum of lines 3 thru 5)	27.40	6.00
7.00	Total overhead cost (see instructions)	18.85	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/21/2012 8:15 am
-----------------------------	----------------------	---	--

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	318,020	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)	1,368,667	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	26,423	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	23,171	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)	98,552	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	109,830	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	1,163,361	17.00
18.00	Medicare Taxes - Employers Portion Only	285,101	18.00
19.00	Unemployment Insurance	31,412	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	3,424,537	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: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 5/21/2012 8:15 am
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
9.01	Hospital-Based NF		0	0 9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00			0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/21/2012 8:15 am
---	----------------------	---	--

			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)		0.338623	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		7,967,753	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		28,523,355	6.00
7.00	Medicaid cost (line 1 times line 6)		9,658,664	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)		1,690,911	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)		1,690,911	19.00
			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	0	0	0
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	0	0	0
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	0	0	0
			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?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		0	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		903,114	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		-903,114	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		-305,815	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		-305,815	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		1,385,096	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140181

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

Worksheet A
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		363,266	363,266	0	363,266	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		1,142,691	1,142,691	0	1,142,691	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	156,696	2,199,176	2,355,872	0	2,355,872	4.00
5.00 ADMINISTRATIVE & GENERAL	2,561,075	6,339,397	8,900,472	-64,863	8,835,609	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	823,872	829,439	1,653,311	0	1,653,311	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	472,097	205,438	677,535	0	677,535	9.00
10.00 DIETARY	562,328	188,909	751,237	0	751,237	10.00
11.00 CAFETERIA	198,497	381,276	579,773	0	579,773	11.00
12.00 MAINTENANCE OF PERSONNEL	0	20,204	20,204	0	20,204	12.00
13.00 NURSING ADMINISTRATION	693,959	84,163	778,122	0	778,122	13.00
14.00 CENTRAL SERVICES & SUPPLY	111,184	179,001	290,185	-125,923	164,262	14.00
15.00 PHARMACY	0	2,750,830	2,750,830	0	2,750,830	15.00
16.00 MEDICAL RECORDS & LIBRARY	687,424	325,107	1,012,531	0	1,012,531	16.00
17.00 SOCIAL SERVICE	94,489	16,372	110,861	0	110,861	17.00
18.00 OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	18.00
18.01 HOUSE PHYSICIAN	0	474,093	474,093	0	474,093	18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMEDICAL PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,324,247	1,366,596	7,690,843	0	7,690,843	30.00
31.00 INTENSIVE CARE UNIT	1,400,055	236,646	1,636,701	0	1,636,701	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 OTHER SPECIAL CARE	0	0	0	0	0	35.00
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
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	907,138	735,882	1,643,020	-474,919	1,168,101	50.00
51.00 RECOVERY ROOM	276,124	39,942	316,066	0	316,066	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	32,402	458,675	491,077	-28,153	462,924	53.00
54.00 RADIOLOGY-DIAGNOSTIC	493,475	459,010	952,485	0	952,485	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	240,093	240,093	0	240,093	56.00
57.00 CT SCAN	197,173	138,135	335,308	0	335,308	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	957,113	1,344,244	2,301,357	0	2,301,357	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	43,787	368,248	412,035	0	412,035	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	542,246	264,138	806,384	0	806,384	65.00
66.00 PHYSICAL THERAPY	225,248	96,594	321,842	-9,717	312,125	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	26,725	26,725	0	26,725	68.00
69.00 ELECTROCARDIOLOGY	131,663	140,962	272,625	0	272,625	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	7,655	7,655	0	7,655	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	794,756	794,756	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	158,069	158,069	0	158,069	73.00
74.00 RENAL DIALYSIS	0	389,004	389,004	0	389,004	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01 ULTRA SOUND	109,927	11,256	121,183	0	121,183	76.01
76.02 VASCULAR LAB	0	0	0	0	0	76.02
76.03 PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140181

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

Worksheet A

Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
76.04 INDUSTRIAL MEDICINE	0	0	0	0	0	76.04
76.05 PATIENT EDUCATION	0	0	0	0	0	76.05
76.06 ADMISSION REVIEW	0	0	0	0	0	76.06
76.07 EYE CARE	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	1,503,079	1,538,459	3,041,538	-156,044	2,885,494	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	19,505,298	23,519,695	43,024,993	-64,863	42,960,130	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	68,741	16,637	85,378	0	85,378	192.00
192.01 PHYSICIANS' PRIVATE OFFICES-CLINICS	139,414	205,813	345,227	0	345,227	192.01
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 FUND RAISING	0	0	0	53,910	53,910	194.01
194.02 MARKETING OTHER	0	0	0	10,953	10,953	194.02
194.03 RENTAL SPACE TO PROVIDERS	0	0	0	0	0	194.03
194.04 PHARMACY-RENTAL SPACE	0	0	0	0	0	194.04
200.00 TOTAL (SUM OF LINES 118-199)	19,713,453	23,742,145	43,455,598	0	43,455,598	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140181

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

Worksheet A
Date/Time Prepared:
5/21/2012 8:15 am

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	0	363,266	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	1,142,691	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	0	2,355,872	4.00
5.00	ADMINISTRATIVE & GENERAL	-1,883,976	6,951,633	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	-54,669	1,598,642	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	HOUSEKEEPING	0	677,535	9.00
10.00	DIETARY	-186,303	564,934	10.00
11.00	CAFETERIA	0	579,773	11.00
12.00	MAINTENANCE OF PERSONNEL	0	20,204	12.00
13.00	NURSING ADMINISTRATION	0	778,122	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	164,262	14.00
15.00	PHARMACY	0	2,750,830	15.00
16.00	MEDICAL RECORDS & LIBRARY	-32,687	979,844	16.00
17.00	SOCIAL SERVICE	0	110,861	17.00
18.00	OTHER GENERAL SERVICE COST CENTERS	0	0	18.00
18.01	HOUSE PHYSICIAN	-474,093	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMED ED PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-269,852	7,420,991	30.00
31.00	INTENSIVE CARE UNIT	0	1,636,701	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	OTHER SPECIAL CARE	0	0	35.00
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
45.01	ICF/MR	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-90,359	1,077,742	50.00
51.00	RECOVERY ROOM	0	316,066	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	-221,805	241,119	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	952,485	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	240,093	56.00
57.00	CT SCAN	0	335,308	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	2,301,357	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	412,035	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	806,384	65.00
66.00	PHYSICAL THERAPY	0	312,125	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	26,725	68.00
69.00	ELECTROCARDIOLOGY	0	272,625	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	7,655	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	794,756	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	158,069	73.00
74.00	RENAL DIALYSIS	0	389,004	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.01	ULTRA SOUND	0	121,183	76.01
76.02	VASCULAR LAB	0	0	76.02
76.03	PULMONARY FUNCTION TESTING	0	0	76.03
76.04	INDUSTRIAL MEDICINE	0	0	76.04
76.05	PATIENT EDUCATION	0	0	76.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140181

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

Worksheet A
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
76.06	ADMISSION REVIEW	0	0	76.06
76.07	EYE CARE	0	0	76.07
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	2,885,494	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	0	112.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
117.00	OTHER SPECIAL PURPOSE (SPECIFY)	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-3,213,744	39,746,386	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	85,378	192.00
192.01	PHYSICIANS' PRIVATE OFFICES-CLINICS	0	345,227	192.01
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	FUND RAISING	0	53,910	194.01
194.02	MARKETING OTHER	0	10,953	194.02
194.03	RENTAL SPACE TO PROVIDERS	0	0	194.03
194.04	PHARMACY-RENTAL SPACE	0	0	194.04
200.00	TOTAL (SUM OF LINES 118-199)	-3,213,744	40,241,854	200.00

Provider CCN: 140181

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

Worksheet A-6
Date/Time Prepared:
5/21/2012 8:15 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MED SUPPLIES SOLD PTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	794,756	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
TOTALS			0	794,756	
B - FUND RAISING					
1.00	FUND RAISING	194.01	0	38,644	1.00
2.00	FUND RAISING	194.01	0	3,333	2.00
3.00	FUND RAISING	194.01	11,933	0	3.00
TOTALS			11,933	41,977	
C - FUND RAISING					
1.00	MARKETING OTHER	194.02	0	10,953	1.00
TOTALS			0	10,953	
500.00	Grand Total: Increases		11,933	847,686	500.00

Provider CCN: 140181

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

Worksheet A-6
Date/Time Prepared:
5/21/2012 8:15 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - MED SUPPLIES SOLD PTS							
1.00	OPERATING ROOM	50.00	0	474,919	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	28,153	0		2.00
3.00	PHYSICAL THERAPY	66.00	0	9,717	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	125,923	0		4.00
5.00	EMERGENCY	91.00	0	156,044	0		5.00
	TOTALS		0	794,756			
B - FUND RAISING							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	38,644	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,333	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	11,933	0	0		3.00
	TOTALS		11,933	41,977			
C - FUND RAISING							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,953	0		1.00
	TOTALS		0	10,953			
500.00	Grand Total: Decreases		11,933	847,686			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140181

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/21/2012 8:15 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,474,846	0	0	0	0	1.00
2.00	Land Improvements	1,093,771	0	0	0	0	2.00
3.00	Buildings and Fixtures	9,694,051	636,376	0	636,376	19,225	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	9,724,805	26,382	0	26,382	0	5.00
6.00	Movable Equipment	18,358,355	634,464	0	634,464	28,396	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	40,345,828	1,297,222	0	1,297,222	47,621	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	40,345,828	1,297,222	0	1,297,222	47,621	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	363,266	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,142,691	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,505,957	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	21,156,160	0	21,156,160	0.527314	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	18,964,423	0	18,964,423	0.472686	0	2.00
3.00	Total (sum of lines 1-2)	40,120,583	0	40,120,583	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140181

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/21/2012 8:15 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,474,846	0		1.00		
2.00	Land Improvements	1,093,771	699,529		2.00		
3.00	Buildings and Fixtures	10,311,202	5,082,411		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	9,751,187	8,016,192		5.00		
6.00	Movable Equipment	18,964,423	11,765,290		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	41,595,429	25,563,422		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	41,595,429	25,563,422		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	363,266		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	1,142,691		2.00		
3.00	Total (sum of lines 1-2)	0	1,505,957		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	363,266	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,142,691	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,505,957	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140181

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/21/2012 8:15 am

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	363,266	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,142,691	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	1,505,957	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140181

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

Worksheet A-8

Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
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)	B	-24,252	ADMINISTRATIVE & GENERAL	5.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-30,000	ADMINISTRATIVE & GENERAL	5.00 7.00
8.00 Television and radio service (chapter 21)		0		0.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-1,056,109		
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0		
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	A	-186,303	DIETARY	10.00 14.00
15.00 Rental of quarters to employee and others	A	-54,669	OPERATION OF PLANT	7.00 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	-32,687	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	-272	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		RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00 Physicians' assistant				0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 33.00
34.00 OTHER ADJUSTMENTS-(BAD DEBT)	A	-1,797,186	ADMINISTRATIVE & GENERAL	5.00 34.00
35.00 OTHER ADJUSTMENTS (DONATIONS)	A	-32,266	ADMINISTRATIVE & GENERAL	5.00 35.00
36.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 36.00
37.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 37.00
38.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 38.00
39.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 39.00
40.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 40.00
41.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 41.00
42.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 42.00
43.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 43.00
44.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 44.00
45.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,213,744		

ADJUSTMENTS TO EXPENSES

Provider CCN: 140181

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

Worksheet A-8

Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY)	0	33.00
34.00	OTHER ADJUSTMENTS-(BAD DEBT)	0	34.00
35.00	OTHER ADJUSTMENTS (DONATIONS)	0	35.00
36.00	OTHER ADJUSTMENTS (SPECIFY)	0	36.00
37.00	OTHER ADJUSTMENTS (SPECIFY)	0	37.00
38.00	OTHER ADJUSTMENTS (SPECIFY)	0	38.00
39.00	OTHER ADJUSTMENTS (SPECIFY)	0	39.00
40.00	OTHER ADJUSTMENTS (SPECIFY)	0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY)	0	41.00
42.00	OTHER ADJUSTMENTS (SPECIFY)	0	42.00
43.00	OTHER ADJUSTMENTS (SPECIFY)	0	43.00
44.00	OTHER ADJUSTMENTS (SPECIFY)	0	44.00
45.00	OTHER ADJUSTMENTS (SPECIFY)	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140181

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2012 8:15 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	91.00	DR. A	590,900	0	1.00
2.00	18.01	HOUSE PHYSICIAN	474,093	474,093	2.00
3.00	31.00	DR. B	27,500	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	269,852	269,852	4.00
5.00	30.00	DR. C	43,353	0	5.00
6.00	50.00	OPERATING ROOM	90,359	90,359	6.00
7.00	53.00	DR. D	422,105	0	7.00
8.00	54.00	DR. E	38,250	0	8.00
9.00	76.04	DR. F	0	0	9.00
10.00	69.00	DR. G	107,500	0	10.00
11.00	60.00	DR. H	175,401	0	11.00
12.00	65.00	DR. I	20,001	0	12.00
200.00			2,259,314	834,304	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140181

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2012 8:15 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	590,900	177,200	8,760	746,285	37,314	1.00
2.00	0	0	0	0	0	2.00
3.00	27,500	177,200	462	39,359	1,968	3.00
4.00	0	0	0	0	0	4.00
5.00	43,353	177,200	2,080	177,200	8,860	5.00
6.00	0	0	0	0	0	6.00
7.00	422,105	200,300	2,080	200,300	10,015	7.00
8.00	38,250	177,200	1,560	132,900	6,645	8.00
9.00	0	225,300	0	0	0	9.00
10.00	107,500	177,200	1,618	137,841	6,892	10.00
11.00	175,401	177,200	2,080	177,200	8,860	11.00
12.00	20,001	177,200	416	35,440	1,772	12.00
200.00	1,425,010		19,056	1,646,525	82,326	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140181

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2012 8:15 am

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	746,285	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	39,359	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	177,200	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	200,300	7.00
8.00	0	0	0	0	132,900	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	137,841	10.00
11.00	0	0	0	0	177,200	11.00
12.00	0	0	0	0	35,440	12.00
200.00	0	0	0	0	1,646,525	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140181

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

Worksheet A-8-2
Date/Time Prepared:
5/21/2012 8:15 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	0	1.00
2.00	0	474,093	2.00
3.00	0	0	3.00
4.00	0	269,852	4.00
5.00	0	0	5.00
6.00	0	90,359	6.00
7.00	221,805	221,805	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
200.00	221,805	1,056,109	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2012 8:15 am

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	363,266	363,266				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	1,142,691		1,142,691			2.00
4.00 EMPLOYEE BENEFITS	2,355,872	1,546	0	2,357,418		4.00
5.00 ADMINISTRATIVE & GENERAL	6,951,633	93,361	506,556	322,186	7,873,736	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	1,598,642	52,265	15,341	97,668	1,763,916	7.00
8.00 LAUNDRY & LINEN SERVICE	0	2,010	0	0	2,010	8.00
9.00 HOUSEKEEPING	677,535	6,444	383	55,966	740,328	9.00
10.00 DIETARY	564,934	6,146	176	86,471	657,727	10.00
11.00 CAFETERIA	579,773	5,698	735	23,531	609,737	11.00
12.00 MAINTENANCE OF PERSONNEL	20,204	23,877	2,588	0	46,669	12.00
13.00 NURSING ADMINISTRATION	778,122	1,704	3,234	82,267	865,327	13.00
14.00 CENTRAL SERVICES & SUPPLY	164,262	4,991	0	13,181	182,434	14.00
15.00 PHARMACY	2,750,830	5,207	2,644	0	2,758,681	15.00
16.00 MEDICAL RECORDS & LIBRARY	979,844	5,710	1,770	81,493	1,068,817	16.00
17.00 SOCIAL SERVICE	110,861	282	0	11,201	122,344	17.00
18.00 OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	18.00
18.01 HOUSE PHYSICIAN	0	0	0	0	0	18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,420,991	59,838	7,137	750,349	8,238,315	30.00
31.00 INTENSIVE CARE UNIT	1,636,701	8,664	14,513	165,974	1,825,852	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 OTHER SPECIAL CARE	0	0	0	0	0	35.00
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
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,077,742	13,614	80,086	107,539	1,278,981	50.00
51.00 RECOVERY ROOM	316,066	1,585	0	32,734	350,385	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	241,119	851	26,738	3,841	272,549	53.00
54.00 RADIOLOGY-DIAGNOSTIC	952,485	8,127	248,366	58,500	1,267,478	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	240,093	1,120	0	0	241,213	56.00
57.00 CT SCAN	335,308	1,211	175,451	23,374	535,344	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	2,301,357	9,219	4,567	113,464	2,428,607	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	412,035	637	0	5,191	417,863	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	806,384	2,602	17,827	64,282	891,095	65.00
66.00 PHYSICAL THERAPY	312,125	4,323	0	26,703	343,151	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	26,725	0	25,573	0	52,298	68.00
69.00 ELECTROCARDIOLOGY	272,625	5,295	0	15,608	293,528	69.00
70.00 ELECTROENCEPHALOGRAPHY	7,655	0	0	0	7,655	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	794,756	0	0	0	794,756	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	158,069	0	0	0	158,069	73.00
74.00 RENAL DIALYSIS	389,004	232	0	0	389,236	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01 ULTRA SOUND	121,183	658	3,572	13,032	138,445	76.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2012 8:15 am

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	
76.02 VASCULAR LAB	0	0	0	0	0	76.02
76.03 PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.04 INDUSTRIAL MEDICINE	0	0	0	0	0	76.04
76.05 PATIENT EDUCATION	0	0	0	0	0	76.05
76.06 ADMISSION REVIEW	0	0	0	0	0	76.06
76.07 EYE CARE	0	0	0	0	0	76.07
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	2,885,494	10,045	2,840	178,187	3,076,566	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	39,746,386	337,262	1,140,097	2,332,742	39,693,112	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	85,378	3,996	0	8,149	97,523	192.00
192.01 PHYSICIANS' PRIVATE OFFICES-CLINICS	345,227	0	2,594	16,527	364,348	192.01
193.00 NONPAID WORKERS	0	21,052	0	0	21,052	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	956	0	0	956	194.00
194.01 FUND RAISING	53,910	0	0	0	53,910	194.01
194.02 MARKETING OTHER	10,953	0	0	0	10,953	194.02
194.03 RENTAL SPACE TO PROVIDERS	0	0	0	0	0	194.03
194.04 PHARMACY-RENTAL SPACE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	40,241,854	363,266	1,142,691	2,357,418	40,241,854	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	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	7,873,736					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	429,083	0	2,192,999			7.00
8.00	LAUNDRY & LINEN SERVICE	489	0	20,401	22,900		8.00
9.00	HOUSEKEEPING	180,089	0	65,396	1,106	986,919	9.00
10.00	DIETARY	159,996	0	62,372	0	0	10.00
11.00	CAFETERIA	148,322	0	57,824	0	13,803	11.00
12.00	MAINTENANCE OF PERSONNEL	11,353	0	242,311	564	0	12.00
13.00	NURSING ADMINISTRATION	210,496	0	17,293	0	6,902	13.00
14.00	CENTRAL SERVICES & SUPPLY	44,378	0	50,648	6,926	27,606	14.00
15.00	PHARMACY	671,066	0	52,839	0	13,803	15.00
16.00	MEDICAL RECORDS & LIBRARY	259,996	0	57,949	0	31,057	16.00
17.00	SOCIAL SERVICE	29,761	0	2,858	0	3,451	17.00
18.00	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	18.00
18.01	HOUSE PHYSICIAN	0	0	0	0	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,004,016	0	607,257	8,922	362,328	30.00
31.00	INTENSIVE CARE UNIT	444,149	0	87,925	1,179	82,818	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	OTHER SPECIAL CARE	0	0	0	0	0	35.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	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
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	311,120	0	138,156	613	110,425	50.00
51.00	RECOVERY ROOM	85,233	0	16,083	965	13,803	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	66,299	0	8,636	0	75,917	53.00
54.00	RADIOLOGY-DIAGNOSTIC	308,322	0	82,481	129	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	58,677	0	11,369	0	0	56.00
57.00	CT SCAN	130,226	0	12,287	0	6,902	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	590,773	0	93,557	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	101,648	0	6,467	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	216,764	0	26,409	0	17,254	65.00
66.00	PHYSICAL THERAPY	83,474	0	43,869	366	17,254	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	12,722	0	0	46	0	68.00
69.00	ELECTROCARDIOLOGY	71,402	0	53,736	0	24,155	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,862	0	0	0	6,902	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	193,329	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	38,451	0	0	0	0	73.00
74.00	RENAL DIALYSIS	94,684	0	2,357	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	ULTRA SOUND	33,678	0	6,675	0	0	76.01
76.02	VASCULAR LAB	0	0	0	0	0	76.02
76.03	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.04	INDUSTRIAL MEDICINE	0	0	0	0	0	76.04
76.05	PATIENT EDUCATION	0	0	0	0	0	76.05
76.06	ADMISSION REVIEW	0	0	0	0	0	76.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
76.07 EYE CARE	0	0	0	0	0	76.07
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	748,393	0	101,943	2,084	151,834	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,740,251	0	1,929,098	22,900	966,214	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	23,723	0	40,552	0	13,803	192.00
192.01 PHYSICIANS' PRIVATE OFFICES-CLINICS	88,630	0	0	0	0	192.01
193.00 NONPAID WORKERS	5,121	0	213,649	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	233	0	9,700	0	0	194.00
194.01 FUND RAISING	13,114	0	0	0	3,451	194.01
194.02 MARKETING OTHER	2,664	0	0	0	3,451	194.02
194.03 RENTAL SPACE TO PROVIDERS	0	0	0	0	0	194.03
194.04 PHARMACY-RENTAL SPACE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	7,873,736	0	2,192,999	22,900	986,919	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
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
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	880,095					10.00
11.00 CAFETERIA	0	829,686				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	300,897			12.00
13.00 NURSING ADMINISTRATION	0	27,889	0	1,127,907		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	17,849	0	0	329,841	14.00
15.00 PHARMACY	0	29,841	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	51,594	0	0	0	16.00
17.00 SOCIAL SERVICE	0	5,578	0	0	0	17.00
18.00 OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	18.00
18.01 HOUSE PHYSICIAN	0	0	0	0	0	18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	809,492	334,103	150,449	866,498	149,014	30.00
31.00 INTENSIVE CARE UNIT	70,603	42,670	75,224	113,480	41,027	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 OTHER SPECIAL CARE	0	0	0	0	0	35.00
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
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	50,757	75,224	121,991	16,506	50.00
51.00 RECOVERY ROOM	0	9,761	0	25,938	1,161	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	7,251	0	0	3,154	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	35,976	0	0	2,101	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	1,116	0	0	216	56.00
57.00 CT SCAN	0	1,673	0	0	2,073	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	70,837	0	0	757	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	3,068	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	34,024	0	0	6,073	65.00
66.00 PHYSICAL THERAPY	0	14,781	0	0	6,421	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	11,434	0	0	526	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	4,274	73.00
74.00 RENAL DIALYSIS	0	0	0	0	1,161	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01 ULTRA SOUND	0	3,626	0	0	488	76.01
76.02 VASCULAR LAB	0	0	0	0	0	76.02
76.03 PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.04 INDUSTRIAL MEDICINE	0	0	0	0	0	76.04
76.05 PATIENT EDUCATION	0	2,789	0	0	0	76.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
76.06 ADMISSION REVIEW	0	0	0	0	0	76.06
76.07 EYE CARE	0	0	0	0	0	76.07
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	58,845	0	0	88,046	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	880,095	815,462	300,897	1,127,907	322,998	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	13,387	0	0	6,843	192.00
192.01 PHYSICIANS' PRIVATE OFFICES-CLINICS	0	0	0	0	0	192.01
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 FUND RAISING	0	837	0	0	0	194.01
194.02 MARKETING OTHER	0	0	0	0	0	194.02
194.03 RENTAL SPACE TO PROVIDERS	0	0	0	0	0	194.03
194.04 PHARMACY-RENTAL SPACE	0	0	0	0	0	194.04
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)	880,095	829,686	300,897	1,127,907	329,841	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	OTHER GENERAL SERVICE					
	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	COST CENTERS	HOUSE PHYSICIAN	
	15.00	16.00	17.00	18.00	18.01	
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
6.00 MAINTENANCE & REPAIRS						6.00
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
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	3,526,230					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	1,469,413				16.00
17.00 SOCIAL SERVICE	0	0	163,992			17.00
18.00 OTHER GENERAL SERVICE COST CENTERS	0	0	0	0		18.00
18.01 HOUSE PHYSICIAN	0	0	0	0	0	18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	126,006	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	1,099,678	16,506	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 OTHER SPECIAL CARE	0	0	0	0	0	35.00
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
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	366,434	89,633	17,722	0	0	50.00
51.00 RECOVERY ROOM	0	0	3,758	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	520,080	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	2,023,676	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	498,517	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	35,014	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	64,551	0	0	0	0	73.00
74.00 RENAL DIALYSIS	13,590	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01 ULTRA SOUND	0	0	0	0	0	76.01
76.02 VASCULAR LAB	0	0	0	0	0	76.02
76.03 PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	OTHER GENERAL SERVICE						
	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	COST CENTERS	HOUSE PHYSICIAN		
	15.00	16.00	17.00	18.00	18.01		
76.04 INDUSTRIAL MEDICINE	0	0	0	0	0	0	76.04
76.05 PATIENT EDUCATION	0	0	0	0	0	0	76.05
76.06 ADMISSION REVIEW	0	0	0	0	0	0	76.06
76.07 EYE CARE	0	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	280,102	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	0	116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,521,862	1,469,413	163,992	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES-CLINICS	4,368	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 FUND RAISING	0	0	0	0	0	0	194.01
194.02 MARKETING OTHER	0	0	0	0	0	0	194.02
194.03 RENTAL SPACE TO PROVIDERS	0	0	0	0	0	0	194.03
194.04 PHARMACY-RENTAL SPACE	0	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,526,230	1,469,413	163,992	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
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
6.00 MAINTENANCE & REPAIRS						6.00
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
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
18.00 OTHER GENERAL SERVICE COST CENTERS						18.00
18.01 HOUSE PHYSICIAN						18.01
19.00 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 NURSING SCHOOL	0	0				20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 PARAMED PRGM	0	0	0	0	0	23.00
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
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 OTHER SPECIAL CARE	0	0	0	0	0	35.00
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
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
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
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01 ULTRA SOUND	0	0	0	0	0	76.01
76.02 VASCULAR LAB	0	0	0	0	0	76.02
76.03 PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.04 INDUSTRIAL MEDICINE	0	0	0	0	0	76.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS 19.00	NURSING SCHOOL 20.00	INTERNS & RESIDENTS		PARAMED ED PRGM 23.00	
			SERVICES-SALAR Y & FRINGES 21.00	SERVICES-OTHER PRGM COSTS 22.00		
76.05 PATIENT EDUCATION	0	0	0	0	0	76.05
76.06 ADMISSION REVIEW	0	0	0	0	0	76.06
76.07 EYE CARE	0	0	0	0	0	76.07
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 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES-CLINICS	0	0	0	0	0	192.01
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 FUND RAISING	0	0	0	0	0	194.01
194.02 MARKETING OTHER	0	0	0	0	0	194.02
194.03 RENTAL SPACE TO PROVIDERS	0	0	0	0	0	194.03
194.04 PHARMACY-RENTAL SPACE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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
6.00	MAINTENANCE & REPAIRS				6.00
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
12.00	MAINTENANCE OF PERSONNEL				12.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
18.00	OTHER GENERAL SERVICE COST CENTERS				18.00
18.01	HOUSE PHYSICIAN				18.01
19.00	NONPHYSICIAN ANESTHETISTS				19.00
20.00	NURSING SCHOOL				20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	PARAMED ED PRGM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	13,656,400	0	13,656,400	30.00
31.00	INTENSIVE CARE UNIT	3,901,111	0	3,901,111	31.00
32.00	CORONARY CARE UNIT	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
35.00	OTHER SPECIAL CARE	0	0	0	35.00
40.00	SUBPROVIDER - IPF	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	45.00
45.01	ICF/MR	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	2,577,562	0	2,577,562	50.00
51.00	RECOVERY ROOM	507,087	0	507,087	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	953,886	0	953,886	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,696,487	0	1,696,487	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	RADIOISOTOPE	312,591	0	312,591	56.00
57.00	CT SCAN	688,505	0	688,505	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	3,184,531	0	3,184,531	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	529,046	0	529,046	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	RESPIRATORY THERAPY	3,215,295	0	3,215,295	65.00
66.00	PHYSICAL THERAPY	1,007,833	0	1,007,833	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	SPEECH PATHOLOGY	65,066	0	65,066	68.00
69.00	ELECTROCARDIOLOGY	489,795	0	489,795	69.00
70.00	ELECTROENCEPHALOGRAPHY	16,419	0	16,419	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	988,085	0	988,085	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	265,345	0	265,345	73.00
74.00	RENAL DIALYSIS	501,028	0	501,028	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.01	ULTRA SOUND	182,912	0	182,912	76.01
76.02	VASCULAR LAB	0	0	0	76.02
76.03	PULMONARY FUNCTION TESTING	0	0	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
76.04	INDUSTRIAL MEDICINE	0	0	0	76.04
76.05	PATIENT EDUCATION	2,789	0	2,789	76.05
76.06	ADMISSION REVIEW	0	0	0	76.06
76.07	EYE CARE	0	0	0	76.07
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	4,507,813	0	4,507,813	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	CMHC	0	0	0	99.00
99.10	CORF	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0	112.00
113.00	INTEREST EXPENSE	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	HOSPICE	0	0	0	116.00
117.00	OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	39,249,586	0	39,249,586	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	RESEARCH	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	195,831	0	195,831	192.00
192.01	PHYSICIANS' PRIVATE OFFICES-CLINICS	457,346	0	457,346	192.01
193.00	NONPAID WORKERS	239,822	0	239,822	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	10,889	0	10,889	194.00
194.01	FUND RAISING	71,312	0	71,312	194.01
194.02	MARKETING OTHER	17,068	0	17,068	194.02
194.03	RENTAL SPACE TO PROVIDERS	0	0	0	194.03
194.04	PHARMACY-RENTAL SPACE	0	0	0	194.04
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	40,241,854	0	40,241,854	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140181

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2012 8:15 am

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	1,546	0	1,546	4.00
5.00	ADMINISTRATIVE & GENERAL	0	93,361	506,556	599,917	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	OPERATION OF PLANT	0	52,265	15,341	67,606	7.00
8.00	LAUNDRY & LINEN SERVICE	0	2,010	0	2,010	8.00
9.00	HOUSEKEEPING	0	6,444	383	6,827	9.00
10.00	DIETARY	0	6,146	176	6,322	10.00
11.00	CAFETERIA	0	5,698	735	6,433	11.00
12.00	MAINTENANCE OF PERSONNEL	0	23,877	2,588	26,465	12.00
13.00	NURSING ADMINISTRATION	0	1,704	3,234	4,938	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	4,991	0	4,991	14.00
15.00	PHARMACY	0	5,207	2,644	7,851	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	5,710	1,770	7,480	16.00
17.00	SOCIAL SERVICE	0	282	0	282	17.00
18.00	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	18.00
18.01	HOUSE PHYSICIAN	0	0	0	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	59,838	7,137	66,975	30.00
31.00	INTENSIVE CARE UNIT	0	8,664	14,513	23,177	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	OTHER SPECIAL CARE	0	0	0	0	35.00
40.00	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	13,614	80,086	93,700	50.00
51.00	RECOVERY ROOM	0	1,585	0	1,585	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	851	26,738	27,589	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	8,127	248,366	256,493	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	1,120	0	1,120	56.00
57.00	CT SCAN	0	1,211	175,451	176,662	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	9,219	4,567	13,786	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	637	0	637	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	2,602	17,827	20,429	65.00
66.00	PHYSICAL THERAPY	0	4,323	0	4,323	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	25,573	25,573	68.00
69.00	ELECTROCARDIOLOGY	0	5,295	0	5,295	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	232	0	232	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.01	ULTRA SOUND	0	658	3,572	4,230	76.01
76.02	VASCULAR LAB	0	0	0	0	76.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140181		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/21/2012 8:15 am	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				2.00
76.03 PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03	
76.04 INDUSTRIAL MEDICINE	0	0	0	0	0	76.04	
76.05 PATIENT EDUCATION	0	0	0	0	0	76.05	
76.06 ADMISSION REVIEW	0	0	0	0	0	76.06	
76.07 EYE CARE	0	0	0	0	0	76.07	
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	10,045	2,840	12,885	117	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 CMHC	0	0	0	0	0	99.00	
99.10 CORF	0	0	0	0	0	99.10	
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00	
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00	
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 HOSPICE	0	0	0	0	0	116.00	
117.00 OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0	0	117.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	337,262	1,140,097	1,477,359	1,530	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 RESEARCH	0	0	0	0	0	191.00	
192.00 PHYSICIANS' PRIVATE OFFICES	0	3,996	0	3,996	5	192.00	
192.01 PHYSICIANS' PRIVATE OFFICES-CLINICS	0	0	2,594	2,594	11	192.01	
193.00 NONPAID WORKERS	0	21,052	0	21,052	0	193.00	
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	956	0	956	0	194.00	
194.01 FUND RAISING	0	0	0	0	0	194.01	
194.02 MARKETING OTHER	0	0	0	0	0	194.02	
194.03 RENTAL SPACE TO PROVIDERS	0	0	0	0	0	194.03	
194.04 PHARMACY-RENTAL SPACE	0	0	0	0	0	194.04	
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00	
202.00 TOTAL (sum lines 118-201)	0	363,266	1,142,691	1,505,957	1,546	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140181		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/21/2012 8:15 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	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	600,129					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	32,705	0	100,375			7.00
8.00	LAUNDRY & LINEN SERVICE	37	0	934	2,981		8.00
9.00	HOUSEKEEPING	13,726	0	2,993	144	23,727	9.00
10.00	DIETARY	12,195	0	2,855	0	0	10.00
11.00	CAFETERIA	11,305	0	2,647	0	332	11.00
12.00	MAINTENANCE OF PERSONNEL	865	0	11,091	73	0	12.00
13.00	NURSING ADMINISTRATION	16,044	0	792	0	166	13.00
14.00	CENTRAL SERVICES & SUPPLY	3,383	0	2,318	902	664	14.00
15.00	PHARMACY	51,149	0	2,418	149	332	15.00
16.00	MEDICAL RECORDS & LIBRARY	19,817	0	2,652	0	747	16.00
17.00	SOCIAL SERVICE	2,268	0	131	0	83	17.00
18.00	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	18.00
18.01	HOUSE PHYSICIAN	0	0	0	0	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	152,738	0	27,794	1,161	8,709	30.00
31.00	INTENSIVE CARE UNIT	33,853	0	4,024	153	1,991	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	OTHER SPECIAL CARE	0	0	0	0	0	35.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	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
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	23,714	0	6,324	80	2,655	50.00
51.00	RECOVERY ROOM	6,496	0	736	126	332	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	5,053	0	395	0	1,825	53.00
54.00	RADIOLOGY-DIAGNOSTIC	23,500	0	3,775	17	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	4,472	0	520	0	0	56.00
57.00	CT SCAN	9,926	0	562	0	166	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	45,029	0	4,282	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	7,748	0	296	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	16,522	0	1,209	0	415	65.00
66.00	PHYSICAL THERAPY	6,362	0	2,008	48	415	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	970	0	0	6	0	68.00
69.00	ELECTROCARDIOLOGY	5,442	0	2,460	0	581	69.00
70.00	ELECTROENCEPHALOGRAPHY	142	0	0	0	166	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,736	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,931	0	0	0	0	73.00
74.00	RENAL DIALYSIS	7,217	0	108	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	ULTRA SOUND	2,567	0	306	0	0	76.01
76.02	VASCULAR LAB	0	0	0	0	0	76.02
76.03	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.04	INDUSTRIAL MEDICINE	0	0	0	0	0	76.04
76.05	PATIENT EDUCATION	0	0	0	0	0	76.05
76.06	ADMISSION REVIEW	0	0	0	0	0	76.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140181

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
76.07 EYE CARE	0	0	0	0	0	76.07
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	57,043	0	4,666	271	3,650	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	589,955	0	88,296	2,981	23,229	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,808	0	1,856	0	332	192.00
192.01 PHYSICIANS' PRIVATE OFFICES-CLINICS	6,755	0	0	0	0	192.01
193.00 NONPAID WORKERS	390	0	9,779	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	18	0	444	0	0	194.00
194.01 FUND RAISING	1,000	0	0	0	83	194.01
194.02 MARKETING OTHER	203	0	0	0	83	194.02
194.03 RENTAL SPACE TO PROVIDERS	0	0	0	0	0	194.03
194.04 PHARMACY-RENTAL SPACE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	600,129	0	100,375	2,981	23,727	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140181

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
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
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	21,429					10.00
11.00 CAFETERIA	0	20,732				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	38,494			12.00
13.00 NURSING ADMINISTRATION	0	697	0	22,691		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	446	0	0	12,713	14.00
15.00 PHARMACY	0	746	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	1,289	0	0	0	16.00
17.00 SOCIAL SERVICE	0	139	0	0	0	17.00
18.00 OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	18.00
18.01 HOUSE PHYSICIAN	0	0	0	0	0	18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	19,710	8,349	19,246	17,432	5,743	30.00
31.00 INTENSIVE CARE UNIT	1,719	1,066	9,624	2,283	1,581	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 OTHER SPECIAL CARE	0	0	0	0	0	35.00
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
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	1,268	9,624	2,454	636	50.00
51.00 RECOVERY ROOM	0	244	0	522	45	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	181	0	0	122	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	899	0	0	81	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	28	0	0	8	56.00
57.00 CT SCAN	0	42	0	0	80	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	1,770	0	0	29	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	77	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	850	0	0	234	65.00
66.00 PHYSICAL THERAPY	0	369	0	0	247	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	286	0	0	20	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	165	73.00
74.00 RENAL DIALYSIS	0	0	0	0	45	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01 ULTRA SOUND	0	91	0	0	19	76.01
76.02 VASCULAR LAB	0	0	0	0	0	76.02
76.03 PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.04 INDUSTRIAL MEDICINE	0	0	0	0	0	76.04
76.05 PATIENT EDUCATION	0	70	0	0	0	76.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140181			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/21/2012 8:15 am	
Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY			
	10.00	11.00	12.00	13.00	14.00			
76.06	ADMISSION REVIEW	0	0	0	0	0	0	76.06
76.07	EYE CARE	0	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	0	90.00
91.00	EMERGENCY	0	1,470	0	0	0	3,394	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0	0	0	0	112.00
113.00	INTEREST EXPENSE							113.00
114.00	UTILIZATION REVIEW-SNF							114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	0	116.00
117.00	OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	21,429	20,377	38,494	22,691	12,449		118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	334	0	0	0	264	192.00
192.01	PHYSICIANS' PRIVATE OFFICES-CLINICS	0	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01	FUND RAISING	0	21	0	0	0	0	194.01
194.02	MARKETING OTHER	0	0	0	0	0	0	194.02
194.03	RENTAL SPACE TO PROVIDERS	0	0	0	0	0	0	194.03
194.04	PHARMACY-RENTAL SPACE	0	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	21,429	20,732	38,494	22,691	12,713		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140181

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	OTHER GENERAL SERVICE					
	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	COST CENTERS	HOUSE PHYSICIAN	
	15.00	16.00	17.00	18.00	18.01	
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
6.00 MAINTENANCE & REPAIRS						6.00
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
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	62,496					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	32,039				16.00
17.00 SOCIAL SERVICE	0	0	2,910			17.00
18.00 OTHER GENERAL SERVICE COST CENTERS	0	0	0	0		18.00
18.01 HOUSE PHYSICIAN	0	0	0	0	0	18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	2,236	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	23,978	293	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 OTHER SPECIAL CARE	0	0	0	0	0	35.00
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
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	6,494	1,954	314	0	0	50.00
51.00 RECOVERY ROOM	0	0	67	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	9,217	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	35,867	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	8,835	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	621	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,144	0	0	0	0	73.00
74.00 RENAL DIALYSIS	241	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01 ULTRA SOUND	0	0	0	0	0	76.01
76.02 VASCULAR LAB	0	0	0	0	0	76.02
76.03 PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140181

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	OTHER GENERAL SERVICE						
	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	COST CENTERS	HOUSE PHYSICIAN		
	15.00	16.00	17.00	18.00	18.01		
76.04 INDUSTRIAL MEDICINE	0	0	0	0	0	0	76.04
76.05 PATIENT EDUCATION	0	0	0	0	0	0	76.05
76.06 ADMISSION REVIEW	0	0	0	0	0	0	76.06
76.07 EYE CARE	0	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	6,107	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	0	116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	62,419	32,039	2,910	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES-CLINICS	77	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 FUND RAISING	0	0	0	0	0	0	194.01
194.02 MARKETING OTHER	0	0	0	0	0	0	194.02
194.03 RENTAL SPACE TO PROVIDERS	0	0	0	0	0	0	194.03
194.04 PHARMACY-RENTAL SPACE	0	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	62,496	32,039	2,910	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140181

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00		
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
6.00 MAINTENANCE & REPAIRS						6.00
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
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
18.00 OTHER GENERAL SERVICE COST CENTERS						18.00
18.01 HOUSE PHYSICIAN						18.01
19.00 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 NURSING SCHOOL		0				20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD			0			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00 PARAMED PRGM					0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS						30.00
31.00 INTENSIVE CARE UNIT						31.00
32.00 CORONARY CARE UNIT						32.00
33.00 BURN INTENSIVE CARE UNIT						33.00
34.00 SURGICAL INTENSIVE CARE UNIT						34.00
35.00 OTHER SPECIAL CARE						35.00
40.00 SUBPROVIDER - I PF						40.00
41.00 SUBPROVIDER - I RF						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
45.01 ICF/MR						45.01
46.00 OTHER LONG TERM CARE						46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM						50.00
51.00 RECOVERY ROOM						51.00
52.00 DELIVERY ROOM & LABOR ROOM						52.00
53.00 ANESTHESIOLOGY						53.00
54.00 RADIOLOGY-DIAGNOSTIC						54.00
55.00 RADIOLOGY-THERAPEUTIC						55.00
56.00 RADIOISOTOPE						56.00
57.00 CT SCAN						57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00 CARDIAC CATHETERIZATION						59.00
60.00 LABORATORY						60.00
60.01 BLOOD LABORATORY						60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00 BLOOD STORING, PROCESSING & TRANS.						63.00
64.00 INTRAVENOUS THERAPY						64.00
65.00 RESPIRATORY THERAPY						65.00
66.00 PHYSICAL THERAPY						66.00
67.00 OCCUPATIONAL THERAPY						67.00
68.00 SPEECH PATHOLOGY						68.00
69.00 ELECTROCARDIOLOGY						69.00
70.00 ELECTROENCEPHALOGRAPHY						70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00 DRUGS CHARGED TO PATIENTS						73.00
74.00 RENAL DIALYSIS						74.00
75.00 ASC (NON-DISTINCT PART)						75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS						76.00
76.01 ULTRA SOUND						76.01
76.02 VASCULAR LAB						76.02
76.03 PULMONARY FUNCTION TESTING						76.03
76.04 INDUSTRIAL MEDICINE						76.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140181

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00	23.00	
76.05 PATIENT EDUCATION						76.05
76.06 ADMISSION REVIEW						76.06
76.07 EYE CARE						76.07
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC						88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00 CLINIC						90.00
91.00 EMERGENCY						91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER						93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS						94.00
95.00 AMBULANCE SERVICES						95.00
96.00 DURABLE MEDICAL EQUIP-RENTED						96.00
97.00 DURABLE MEDICAL EQUIP-SOLD						97.00
98.00 OTHER REIMBURSABLE COST CENTERS						98.00
99.00 CMHC						99.00
99.10 CORF						99.10
100.00 I&R SERVICES-NOT APPRVD PRGM						100.00
101.00 HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION						105.00
106.00 HEART ACQUISITION						106.00
107.00 LIVER ACQUISITION						107.00
108.00 LUNG ACQUISITION						108.00
109.00 PANCREAS ACQUISITION						109.00
110.00 INTESTINAL ACQUISITION						110.00
111.00 ISLET ACQUISITION						111.00
112.00 OTHER ORGAN ACQUISITION						112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00 HOSPICE						116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)						117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00 RESEARCH						191.00
192.00 PHYSICIANS' PRIVATE OFFICES						192.00
192.01 PHYSICIANS' PRIVATE OFFICES-CLINICS						192.01
193.00 NONPAID WORKERS						193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS						194.00
194.01 FUND RAISING						194.01
194.02 MARKETING OTHER						194.02
194.03 RENTAL SPACE TO PROVIDERS						194.03
194.04 PHARMACY-RENTAL SPACE						194.04
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140181

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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
6.00	MAINTENANCE & REPAIRS				6.00
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
12.00	MAINTENANCE OF PERSONNEL				12.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
18.00	OTHER GENERAL SERVICE COST CENTERS				18.00
18.01	HOUSE PHYSICIAN				18.01
19.00	NONPHYSICIAN ANESTHETISTS				19.00
20.00	NURSING SCHOOL				20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	PARAMED ED PRGM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	330,582	0	330,582	30.00
31.00	INTENSIVE CARE UNIT	103,851	0	103,851	31.00
32.00	CORONARY CARE UNIT	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
35.00	OTHER SPECIAL CARE	0	0	0	35.00
40.00	SUBPROVIDER - IPF	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	45.00
45.01	ICF/MR	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	149,288	0	149,288	50.00
51.00	RECOVERY ROOM	10,175	0	10,175	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	44,385	0	44,385	53.00
54.00	RADIOLOGY-DIAGNOSTIC	284,803	0	284,803	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	RADIOISOTOPE	6,148	0	6,148	56.00
57.00	CT SCAN	187,453	0	187,453	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	64,971	0	64,971	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	8,761	0	8,761	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	RESPIRATORY THERAPY	75,568	0	75,568	65.00
66.00	PHYSICAL THERAPY	22,625	0	22,625	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	SPEECH PATHOLOGY	26,549	0	26,549	68.00
69.00	ELECTROCARDIOLOGY	14,715	0	14,715	69.00
70.00	ELECTROENCEPHALOGRAPHY	308	0	308	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,736	0	14,736	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,240	0	4,240	73.00
74.00	RENAL DIALYSIS	7,843	0	7,843	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.01	ULTRA SOUND	7,222	0	7,222	76.01
76.02	VASCULAR LAB	0	0	0	76.02
76.03	PULMONARY FUNCTION TESTING	0	0	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140181

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
76.04	INDUSTRIAL MEDICINE	0	0	0	76.04
76.05	PATIENT EDUCATION	70	0	70	76.05
76.06	ADMISSION REVIEW	0	0	0	76.06
76.07	EYE CARE	0	0	0	76.07
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	89,603	0	89,603	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	CMHC	0	0	0	99.00
99.10	CORF	0	0	0	99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0	112.00
113.00	INTEREST EXPENSE	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	115.00
116.00	HOSPICE	0	0	0	116.00
117.00	OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,453,896	0	1,453,896	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	RESEARCH	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	8,595	0	8,595	192.00
192.01	PHYSICIANS' PRIVATE OFFICES-CLINICS	9,437	0	9,437	192.01
193.00	NONPAID WORKERS	31,221	0	31,221	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	1,418	0	1,418	194.00
194.01	FUND RAISING	1,104	0	1,104	194.01
194.02	MARKETING OTHER	286	0	286	194.02
194.03	RENTAL SPACE TO PROVIDERS	0	0	0	194.03
194.04	PHARMACY-RENTAL SPACE	0	0	0	194.04
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,505,957	0	1,505,957	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	176,729						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		1,142,691					2.00
4.00 EMPLOYEE BENEFITS	752	0	19,885,736				4.00
5.00 ADMINISTRATIVE & GENERAL	45,421	506,556	2,717,771	-7,873,736	32,368,118		5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0		6.00
7.00 OPERATION OF PLANT	25,427	15,341	823,872	0	1,763,916		7.00
8.00 LAUNDRY & LINEN SERVICE	978	0	0	0	2,010		8.00
9.00 HOUSEKEEPING	3,135	383	472,097	0	740,328		9.00
10.00 DIETARY	2,990	176	729,415	0	657,727		10.00
11.00 CAFETERIA	2,772	735	198,497	0	609,737		11.00
12.00 MAINTENANCE OF PERSONNEL	11,616	2,588	0	0	46,669		12.00
13.00 NURSING ADMINISTRATION	829	3,234	693,959	0	865,327		13.00
14.00 CENTRAL SERVICES & SUPPLY	2,428	0	111,184	0	182,434		14.00
15.00 PHARMACY	2,533	2,644	0	0	2,758,681		15.00
16.00 MEDICAL RECORDS & LIBRARY	2,778	1,770	687,424	0	1,068,817		16.00
17.00 SOCIAL SERVICE	137	0	94,489	0	122,344		17.00
18.00 OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0		18.00
18.01 HOUSE PHYSICIAN	0	0	0	0	0		18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0	0	0		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
23.00 PARAMED ED PRGM	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	29,111	7,137	6,329,443	0	8,238,315		30.00
31.00 INTENSIVE CARE UNIT	4,215	14,513	1,400,055	0	1,825,852		31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
35.00 OTHER SPECIAL CARE	0	0	0	0	0		35.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0		40.00
41.00 SUBPROVIDER - I/PF	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
45.01 ICF/MR	0	0	0	0	0		45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	6,623	80,086	907,138	0	1,278,981		50.00
51.00 RECOVERY ROOM	771	0	276,124	0	350,385		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
53.00 ANESTHESIOLOGY	414	26,738	32,402	0	272,549		53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,954	248,366	493,475	0	1,267,478		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
56.00 RADIOISOTOPE	545	0	0	0	241,213		56.00
57.00 CT SCAN	589	175,451	197,173	0	535,344		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	4,485	4,567	957,113	0	2,428,607		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	310	0	43,787	0	417,863		63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00 RESPIRATORY THERAPY	1,266	17,827	542,246	0	891,095		65.00
66.00 PHYSICAL THERAPY	2,103	0	225,248	0	343,151		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	25,573	0	0	52,298		68.00
69.00 ELECTROCARDIOLOGY	2,576	0	131,663	0	293,528		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	7,655		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	794,756		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	158,069		73.00
74.00 RENAL DIALYSIS	113	0	0	0	389,236		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0		76.00
76.01 ULTRA SOUND	320	3,572	109,927	0	138,445		76.01
76.02 VASCULAR LAB	0	0	0	0	0		76.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
76.03 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	76.03
76.04 INDUSTRIAL MEDICINE	0	0	0	0	0	0	76.04
76.05 PATIENT EDUCATION	0	0	0	0	0	0	76.05
76.06 ADMISSION REVIEW	0	0	0	0	0	0	76.06
76.07 EYE CARE	0	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	4,887	2,840	1,503,079	0	0	3,076,566	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE							113.00
114.00 UTILIZATION REVIEW-SNF							114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	0	116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	164,078	1,140,097	19,677,581	-7,873,736		31,819,376	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,944	0	68,741	0	0	97,523	192.00
192.01 PHYSICIANS' PRIVATE OFFICES-CLINICS	0	2,594	139,414	0	0	364,348	192.01
193.00 NONPAID WORKERS	10,242	0	0	0	0	21,052	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	465	0	0	0	0	956	194.00
194.01 FUND RAISING	0	0	0	0	0	53,910	194.01
194.02 MARKETING OTHER	0	0	0	0	0	10,953	194.02
194.03 RENTAL SPACE TO PROVIDERS	0	0	0	0	0	0	194.03
194.04 PHARMACY-RENTAL SPACE	0	0	0	0	0	0	194.04
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)	363,266	1,142,691	2,357,418			7,873,736	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2.055497	1.000000	0.118548			0.243256	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			1,546			600,129	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000078			0.018541	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1

Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 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
6.00 MAINTENANCE & REPAIRS	130,556					6.00
7.00 OPERATION OF PLANT	25,427	105,129				7.00
8.00 LAUNDRY & LINEN SERVICE	978	978	435,176			8.00
9.00 HOUSEKEEPING	3,135	3,135	21,009	7,150		9.00
10.00 DIETARY	2,990	2,990	0	0	72,486	10.00
11.00 CAFETERIA	2,772	2,772	0	100	0	11.00
12.00 MAINTENANCE OF PERSONNEL	11,616	11,616	10,719	0	0	12.00
13.00 NURSING ADMINISTRATION	829	829	0	50	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,428	2,428	131,624	200	0	14.00
15.00 PHARMACY	2,533	2,533	0	100	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,778	2,778	0	225	0	16.00
17.00 SOCIAL SERVICE	137	137	0	25	0	17.00
18.00 OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	18.00
18.01 HOUSE PHYSICIAN	0	0	0	0	0	18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	29,111	29,111	169,577	2,625	66,671	30.00
31.00 INTENSIVE CARE UNIT	4,215	4,215	22,397	600	5,815	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 OTHER SPECIAL CARE	0	0	0	0	0	35.00
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I RF	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
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	6,623	6,623	11,649	800	0	50.00
51.00 RECOVERY ROOM	771	771	18,344	100	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	414	414	0	550	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,954	3,954	2,446	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	545	545	0	0	0	56.00
57.00 CT SCAN	589	589	0	50	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	4,485	4,485	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	310	310	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,266	1,266	0	125	0	65.00
66.00 PHYSICAL THERAPY	2,103	2,103	6,949	125	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	866	0	0	68.00
69.00 ELECTROCARDIOLOGY	2,576	2,576	0	175	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	50	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	113	113	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01 ULTRA SOUND	320	320	0	0	0	76.01
76.02 VASCULAR LAB	0	0	0	0	0	76.02
76.03 PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.04 INDUSTRIAL MEDICINE	0	0	0	0	0	76.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1

Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
76.05 PATIENT EDUCATION	0	0	0	0	0	76.05
76.06 ADMISSION REVIEW	0	0	0	0	0	76.06
76.07 EYE CARE	0	0	0	0	0	76.07
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	4,887	4,887	39,596	1,100	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	117,905	92,478	435,176	7,000	72,486	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,944	1,944	0	100	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES-CLINICS	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	10,242	10,242	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	465	465	0	0	0	194.00
194.01 FUND RAISING	0	0	0	25	0	194.01
194.02 MARKETING OTHER	0	0	0	25	0	194.02
194.03 RENTAL SPACE TO PROVIDERS	0	0	0	0	0	194.03
194.04 PHARMACY-RENTAL SPACE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	2,192,999	22,900	986,919	880,095	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	20.860077	0.052622	138.030629	12.141586	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	100,375	2,981	23,727	21,429	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.954779	0.006850	3.318462	0.295630	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1

Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
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
6.00	MAINTENANCE & REPAIRS						6.00
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	2,975					11.00
12.00	MAINTENANCE OF PERSONNEL	0	4				12.00
13.00	NURSING ADMINISTRATION	100	0	13,915			13.00
14.00	CENTRAL SERVICES & SUPPLY	64	0	0	351,343		14.00
15.00	PHARMACY	107	0	0	0	50,858	15.00
16.00	MEDICAL RECORDS & LIBRARY	185	0	0	0	0	16.00
17.00	SOCIAL SERVICE	20	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	18.00
18.01	HOUSE PHYSICIAN	0	0	0	0	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,198	2	10,690	158,727	0	30.00
31.00	INTENSIVE CARE UNIT	153	1	1,400	43,701	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	OTHER SPECIAL CARE	0	0	0	0	0	35.00
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
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	182	1	1,505	17,582	5,285	50.00
51.00	RECOVERY ROOM	35	0	320	1,237	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	26	0	0	3,360	7,501	53.00
54.00	RADIOLOGY-DIAGNOSTIC	129	0	0	2,238	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	4	0	0	230	0	56.00
57.00	CT SCAN	6	0	0	2,208	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	254	0	0	806	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	11	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	122	0	0	6,469	29,187	65.00
66.00	PHYSICAL THERAPY	53	0	0	6,840	7,190	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	41	0	0	560	505	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	4,553	931	73.00
74.00	RENAL DIALYSIS	0	0	0	1,237	196	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	ULTRA SOUND	13	0	0	520	0	76.01
76.02	VASCULAR LAB	0	0	0	0	0	76.02
76.03	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
76.04 INDUSTRIAL MEDICINE	0	0	0	0	0	76.04
76.05 PATIENT EDUCATION	10	0	0	0	0	76.05
76.06 ADMINISTRATION REVIEW	0	0	0	0	0	76.06
76.07 EYE CARE	0	0	0	0	0	76.07
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	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	211	0	0	93,786	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,924	4	13,915	344,054	50,795	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	48	0	0	7,289	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES-CLINICS	0	0	0	0	63	192.01
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 FUND RAISING	3	0	0	0	0	194.01
194.02 MARKETING OTHER	0	0	0	0	0	194.02
194.03 RENTAL SPACE TO PROVIDERS	0	0	0	0	0	194.03
194.04 PHARMACY-RENTAL SPACE	0	0	0	0	0	194.04
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)	829,686	300,897	1,127,907	329,841	3,526,230	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	278.886050	75.224.250000	81.056917	0.938801	69.334815	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	20,732	38,494	22,691	12,713	62,496	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	6.968739	9.623.500000	1.630686	0.036184	1.228833	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1

Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	16.00	17.00	COST CENTERS	HOUSE PHYSICIAN		
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
6.00 MAINTENANCE & REPAIRS						6.00
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
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	131,150					16.00
17.00 SOCIAL SERVICE	0	4,451				17.00
18.00 OTHER GENERAL SERVICE COST CENTERS	0	0	0			18.00
18.01 HOUSE PHYSICIAN	0	0	0	0		18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 PARAMED ED PRGM	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	3,420	0	0		30.00
31.00 INTENSIVE CARE UNIT	98,150	448	0	0		31.00
32.00 CORONARY CARE UNIT	0	0	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
35.00 OTHER SPECIAL CARE	0	0	0	0		35.00
40.00 SUBPROVIDER - IPF	0	0	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0		42.00
43.00 NURSERY	0	0	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0	0		45.00
45.01 ICF/MR	0	0	0	0		45.01
46.00 OTHER LONG TERM CARE	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	8,000	481	0	0		50.00
51.00 RECOVERY ROOM	0	102	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
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	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0	0		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	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0		76.00
76.01 ULTRA SOUND	0	0	0	0		76.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1

Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			COST CENTERS	HOUSE PHYSICIAN		
	16.00	17.00	18.00	18.01	19.00	
76.02 VASCULAR LAB	0	0	0	0	0	76.02
76.03 PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.04 INDUSTRIAL MEDICINE	0	0	0	0	0	76.04
76.05 PATIENT EDUCATION	0	0	0	0	0	76.05
76.06 ADMISSION REVIEW	0	0	0	0	0	76.06
76.07 EYE CARE	0	0	0	0	0	76.07
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	25,000	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	131,150	4,451	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES-CLINICS	0	0	0	0	0	192.01
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 FUND RAISING	0	0	0	0	0	194.01
194.02 MARKETING OTHER	0	0	0	0	0	194.02
194.03 RENTAL SPACE TO PROVIDERS	0	0	0	0	0	194.03
194.04 PHARMACY-RENTAL SPACE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,469,413	163,992	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.204064	36.843855	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	32,039	2,910	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.244293	0.653786	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1

Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM (ASSIGNED TIME)		
	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
		20.00	21.00				
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
6.00 MAINTENANCE & REPAIRS							6.00
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
12.00 MAINTENANCE OF PERSONNEL							12.00
13.00 NURSING ADMINISTRATION							13.00
14.00 CENTRAL SERVICES & SUPPLY							14.00
15.00 PHARMACY							15.00
16.00 MEDICAL RECORDS & LIBRARY							16.00
17.00 SOCIAL SERVICE							17.00
18.00 OTHER GENERAL SERVICE COST CENTERS							18.00
18.01 HOUSE PHYSICIAN							18.01
19.00 NONPHYSICIAN ANESTHETISTS							19.00
20.00 NURSING SCHOOL	0						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD		0					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD				0			22.00
23.00 PARAMED PRGM					0		23.00
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
32.00 CORONARY CARE UNIT	0	0	0	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
35.00 OTHER SPECIAL CARE	0	0	0	0	0		35.00
40.00 SUBPROVIDER - I PF	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
45.01 ICF/MR	0	0	0	0	0		45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0		46.00
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
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0	0	0		56.00
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 LABORATORY	0	0	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0		76.00
76.01 ULTRA SOUND	0	0	0	0	0		76.01
76.02 VASCULAR LAB	0	0	0	0	0		76.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1

Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		20.00	21.00			
76.03 PULMONARY FUNCTION TESTING	0	0	0	0		76.03
76.04 INDUSTRIAL MEDICINE	0	0	0	0		76.04
76.05 PATIENT EDUCATION	0	0	0	0		76.05
76.06 ADMISSION REVIEW	0	0	0	0		76.06
76.07 EYE CARE	0	0	0	0		76.07
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 CLINIC	0	0	0	0		90.00
91.00 EMERGENCY	0	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00 CMHC	0	0	0	0		99.00
99.10 CORF	0	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0		111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0		112.00
113.00 INTEREST EXPENSE	0	0	0	0		113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 HOSPICE	0	0	0	0		116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0		117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0		118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 RESEARCH	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01 PHYSICIANS' PRIVATE OFFICES-CLINICS	0	0	0	0		192.01
193.00 NONPAID WORKERS	0	0	0	0		193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01 FUND RAISING	0	0	0	0		194.01
194.02 MARKETING OTHER	0	0	0	0		194.02
194.03 RENTAL SPACE TO PROVIDERS	0	0	0	0		194.03
194.04 PHARMACY-RENTAL SPACE	0	0	0	0		194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140181		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/21/2012 8:15 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		13,656,400		13,656,400	0	13,656,400
31.00	INTENSIVE CARE UNIT		3,901,111		3,901,111	0	3,901,111
32.00	CORONARY CARE UNIT		0		0	0	0
33.00	BURN INTENSIVE CARE UNIT		0		0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT		0		0	0	0
35.00	OTHER SPECIAL CARE		0		0	0	0
40.00	SUBPROVIDER - IPF		0		0	0	0
41.00	SUBPROVIDER - IRF		0		0	0	0
42.00	SUBPROVIDER		0		0	0	0
43.00	NURSERY		0		0	0	0
44.00	SKILLED NURSING FACILITY		0		0	0	0
45.00	NURSING FACILITY		0		0	0	0
45.01	ICF/MR		0		0	0	0
46.00	OTHER LONG TERM CARE		0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		2,577,562		2,577,562	0	2,577,562
51.00	RECOVERY ROOM		507,087		507,087	0	507,087
52.00	DELIVERY ROOM & LABOR ROOM		0		0	0	0
53.00	ANESTHESIOLOGY		953,886		953,886	221,805	1,175,691
54.00	RADIOLOGY-DIAGNOSTIC		1,696,487		1,696,487	0	1,696,487
55.00	RADIOLOGY-THERAPEUTIC		0		0	0	0
56.00	RADIOISOTOPE		312,591		312,591	0	312,591
57.00	CT SCAN		688,505		688,505	0	688,505
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0		0	0	0
59.00	CARDIAC CATHETERIZATION		0		0	0	0
60.00	LABORATORY		3,184,531		3,184,531	0	3,184,531
60.01	BLOOD LABORATORY		0		0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0		0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.		529,046		529,046	0	529,046
64.00	INTRAVENOUS THERAPY		0		0	0	0
65.00	RESPIRATORY THERAPY	0	3,215,295	0	3,215,295	0	3,215,295
66.00	PHYSICAL THERAPY	0	1,007,833	0	1,007,833	0	1,007,833
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	65,066	0	65,066	0	65,066
69.00	ELECTROCARDIOLOGY		489,795		489,795	0	489,795
70.00	ELECTROENCEPHALOGRAPHY		16,419		16,419	0	16,419
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		988,085		988,085	0	988,085
72.00	IMPL. DEV. CHARGED TO PATIENTS		0		0	0	0
73.00	DRUGS CHARGED TO PATIENTS		265,345		265,345	0	265,345
74.00	RENAL DIALYSIS		501,028		501,028	0	501,028
75.00	ASC (NON-DISTINCT PART)		0		0	0	0
76.00	OTHER ANCILLARY SERVICE COST CENTERS		0		0	0	0
76.01	ULTRA SOUND		182,912		182,912	0	182,912
76.02	VASCULAR LAB		0		0	0	0
76.03	PULMONARY FUNCTION TESTING		0		0	0	0
76.04	INDUSTRIAL MEDICINE		0		0	0	0
76.05	PATIENT EDUCATION		2,789		2,789	0	2,789
76.06	ADMISSION REVIEW		0		0	0	0
76.07	EYE CARE		0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC		0		0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	0
90.00	CLINIC		0		0	0	0
91.00	EMERGENCY		4,507,813		4,507,813	0	4,507,813
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0		0	0	0
93.00	OTHER OUTPATIENT SERVICE COST CENTER		0		0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS		0		0	0	0
95.00	AMBULANCE SERVICES		0		0	0	0
96.00	DURABLE MEDICAL EQUIP-RENTED		0		0	0	0
97.00	DURABLE MEDICAL EQUIP-SOLD		0		0	0	0
98.00	OTHER REIMBURSABLE COST CENTERS		0		0	0	0
99.00	CMHC		0		0	0	0
99.10	CORF		0		0	0	0
100.00	I&R SERVICES-NOT APPRVD PRGM		0		0	0	0
101.00	HOME HEALTH AGENCY		0		0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION		0		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140181

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE	Total Costs	
				Disallowance		
1.00	2.00	3.00	4.00	5.00		
106.00 HEART ACQUISITION	0		0		0	106.00
107.00 LIVER ACQUISITION	0		0		0	107.00
108.00 LUNG ACQUISITION	0		0		0	108.00
109.00 PANCREAS ACQUISITION	0		0		0	109.00
110.00 INTESTINAL ACQUISITION	0		0		0	110.00
111.00 ISLET ACQUISITION	0		0		0	111.00
112.00 OTHER ORGAN ACQUISITION	0		0		0	112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00 HOSPICE	0		0		0	116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)	0		0		0	117.00
200.00 Subtotal (see instructions)	39,249,586	0	39,249,586	221,805	39,471,391	200.00
201.00 Less Observation Beds	0		0		0	201.00
202.00 Total (see instructions)	39,249,586	0	39,249,586	221,805	39,471,391	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140181		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/21/2012 8:15 am	
		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	26,476,924		26,476,924			30.00
31.00	INTENSIVE CARE UNIT	4,755,491		4,755,491			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	OTHER SPECIAL CARE	0		0			35.00
40.00	SUBPROVIDER - 1PF	0		0			40.00
41.00	SUBPROVIDER - 1RF	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
45.01	ICF/MR	0		0			45.01
46.00	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	5,525,095	1,411,826	6,936,921	0.371571	0.000000	50.00
51.00	RECOVERY ROOM	1,201,121	671,265	1,872,386	0.270824	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	1,903,673	754,876	2,658,549	0.358799	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	796,819	1,730,622	2,527,441	0.671227	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	1,697,357	339,534	2,036,891	0.153465	0.000000	56.00
57.00	CT SCAN	3,874,892	3,314,181	7,189,073	0.095771	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	13,950,329	6,650,553	20,600,882	0.154582	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	732,260	59,184	791,444	0.668457	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	10,665,975	443,113	11,109,088	0.289429	0.000000	65.00
66.00	PHYSICAL THERAPY	1,602,348	396,449	1,998,797	0.504220	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	SPEECH PATHOLOGY	83,765	8,350	92,115	0.706356	0.000000	68.00
69.00	ELECTROCARDIOLOGY	2,693,844	732,495	3,426,339	0.142950	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	91,164	5,600	96,764	0.169681	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,891,881	1,257,565	3,149,446	0.313733	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	9,249,547	672,532	9,922,079	0.026743	0.000000	73.00
74.00	RENAL DIALYSIS	2,193,348	35,289	2,228,637	0.224814	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.01	ULTRA SOUND	459,271	618,644	1,077,915	0.169691	0.000000	76.01
76.02	VASCULAR LAB	0	0	0	0.000000	0.000000	76.02
76.03	PULMONARY FUNCTION TESTING	0	0	0	0.000000	0.000000	76.03
76.04	INDUSTRIAL MEDICINE	0	0	0	0.000000	0.000000	76.04
76.05	PATIENT EDUCATION	3,738	305	4,043	0.689834	0.000000	76.05
76.06	ADMISSION REVIEW	0	0	0	0.000000	0.000000	76.06
76.07	EYE CARE	0	0	0	0.000000	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	EMERGENCY	1,795,203	4,298,133	6,093,336	0.739794	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	864,725	864,725	0.000000	0.000000	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140181

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0			112.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
117.00	OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0			117.00
200.00	Subtotal (see instructions)	91,644,045	24,265,241	115,909,286			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	91,644,045	24,265,241	115,909,286			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/21/2012 8:15 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVII I	Hospital
				PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	OTHER SPECIAL CARE			35.00
40.00	SUBPROVIDER - I PF			40.00
41.00	SUBPROVIDER - I RF			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
45.01	ICF/MR			45.01
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.371571		50.00
51.00	RECOVERY ROOM	0.270824		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.442230		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.671227		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.153465		56.00
57.00	CT SCAN	0.095771		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.154582		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.668457		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.289429		65.00
66.00	PHYSICAL THERAPY	0.504220		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.706356		68.00
69.00	ELECTROCARDIOLOGY	0.142950		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.169681		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.313733		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.026743		73.00
74.00	RENAL DIALYSIS	0.224814		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.01	ULTRA SOUND	0.169691		76.01
76.02	VASCULAR LAB	0.000000		76.02
76.03	PULMONARY FUNCTION TESTING	0.000000		76.03
76.04	INDUSTRIAL MEDICINE	0.000000		76.04
76.05	PATIENT EDUCATION	0.689834		76.05
76.06	ADMISSION REVIEW	0.000000		76.06
76.07	EYE CARE	0.000000		76.07
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.739794		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/21/2012 8:15 am
		Title XVIII	Hospital	PPS
Cost Center Description	PPS Inpatient Ratio			
	11.00			
109.00 PANCREAS ACQUISITION				109.00
110.00 INTESTINAL ACQUISITION				110.00
111.00 ISLET ACQUISITION				111.00
112.00 OTHER ORGAN ACQUISITION				112.00
113.00 INTEREST EXPENSE				113.00
114.00 UTILIZATION REVIEW-SNF				114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00 HOSPICE				116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)				117.00
200.00 Subtotal (see instructions)				200.00
201.00 Less Observation Beds				201.00
202.00 Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140181		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/21/2012 8:15 am	
		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		13,656,400		13,656,400	0	13,656,400
31.00	INTENSIVE CARE UNIT		3,901,111		3,901,111	0	3,901,111
32.00	CORONARY CARE UNIT		0		0	0	0
33.00	BURN INTENSIVE CARE UNIT		0		0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT		0		0	0	0
35.00	OTHER SPECIAL CARE		0		0	0	0
40.00	SUBPROVIDER - IPF		0		0	0	0
41.00	SUBPROVIDER - IRF		0		0	0	0
42.00	SUBPROVIDER		0		0	0	0
43.00	NURSERY		0		0	0	0
44.00	SKILLED NURSING FACILITY		0		0	0	0
45.00	NURSING FACILITY		0		0	0	0
45.01	ICF/MR		0		0	0	0
46.00	OTHER LONG TERM CARE		0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		2,577,562		2,577,562	0	2,577,562
51.00	RECOVERY ROOM		507,087		507,087	0	507,087
52.00	DELIVERY ROOM & LABOR ROOM		0		0	0	0
53.00	ANESTHESIOLOGY		953,886		953,886	221,805	1,175,691
54.00	RADIOLOGY-DIAGNOSTIC		1,696,487		1,696,487	0	1,696,487
55.00	RADIOLOGY-THERAPEUTIC		0		0	0	0
56.00	RADIOISOTOPE		312,591		312,591	0	312,591
57.00	CT SCAN		688,505		688,505	0	688,505
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0		0	0	0
59.00	CARDIAC CATHETERIZATION		0		0	0	0
60.00	LABORATORY		3,184,531		3,184,531	0	3,184,531
60.01	BLOOD LABORATORY		0		0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0		0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.		529,046		529,046	0	529,046
64.00	INTRAVENOUS THERAPY		0		0	0	0
65.00	RESPIRATORY THERAPY	0	3,215,295	0	3,215,295	0	3,215,295
66.00	PHYSICAL THERAPY	0	1,007,833	0	1,007,833	0	1,007,833
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	65,066	0	65,066	0	65,066
69.00	ELECTROCARDIOLOGY		489,795		489,795	0	489,795
70.00	ELECTROENCEPHALOGRAPHY		16,419		16,419	0	16,419
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		988,085		988,085	0	988,085
72.00	IMPL. DEV. CHARGED TO PATIENTS		0		0	0	0
73.00	DRUGS CHARGED TO PATIENTS		265,345		265,345	0	265,345
74.00	RENAL DIALYSIS		501,028		501,028	0	501,028
75.00	ASC (NON-DISTINCT PART)		0		0	0	0
76.00	OTHER ANCILLARY SERVICE COST CENTERS		0		0	0	0
76.01	ULTRA SOUND		182,912		182,912	0	182,912
76.02	VASCULAR LAB		0		0	0	0
76.03	PULMONARY FUNCTION TESTING		0		0	0	0
76.04	INDUSTRIAL MEDICINE		0		0	0	0
76.05	PATIENT EDUCATION		2,789		2,789	0	2,789
76.06	ADMISSION REVIEW		0		0	0	0
76.07	EYE CARE		0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC		0		0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	0
90.00	CLINIC		0		0	0	0
91.00	EMERGENCY		4,507,813		4,507,813	0	4,507,813
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0		0	0	0
93.00	OTHER OUTPATIENT SERVICE COST CENTER		0		0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS		0		0	0	0
95.00	AMBULANCE SERVICES		0		0	0	0
96.00	DURABLE MEDICAL EQUIP-RENTED		0		0	0	0
97.00	DURABLE MEDICAL EQUIP-SOLD		0		0	0	0
98.00	OTHER REIMBURSABLE COST CENTERS		0		0	0	0
99.00	CMHC		0		0	0	0
99.10	CORF		0		0	0	0
100.00	I&R SERVICES-NOT APPRVD PRGM		0		0	0	0
101.00	HOME HEALTH AGENCY		0		0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION		0		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140181

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE	Total Costs		
				Disallowance			
1.00	2.00	3.00	4.00	5.00			
106.00 HEART ACQUISITION	0		0			0	106.00
107.00 LIVER ACQUISITION	0		0			0	107.00
108.00 LUNG ACQUISITION	0		0			0	108.00
109.00 PANCREAS ACQUISITION	0		0			0	109.00
110.00 INTESTINAL ACQUISITION	0		0			0	110.00
111.00 ISLET ACQUISITION	0		0			0	111.00
112.00 OTHER ORGAN ACQUISITION	0		0			0	112.00
113.00 INTEREST EXPENSE							113.00
114.00 UTILIZATION REVIEW-SNF							114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00 HOSPICE	0		0			0	116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)	0		0			0	117.00
200.00 Subtotal (see instructions)	39,249,586	0	39,249,586	221,805		39,471,391	200.00
201.00 Less Observation Beds	0		0			0	201.00
202.00 Total (see instructions)	39,249,586	0	39,249,586	221,805		39,471,391	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140181		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/21/2012 8:15 am	
		Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	26,476,924		26,476,924			30.00
31.00	INTENSIVE CARE UNIT	4,755,491		4,755,491			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	OTHER SPECIAL CARE	0		0			35.00
40.00	SUBPROVIDER - 1PF	0		0			40.00
41.00	SUBPROVIDER - 1RF	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
45.01	ICF/MR	0		0			45.01
46.00	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	5,525,095	1,411,826	6,936,921	0.371571	0.000000	50.00
51.00	RECOVERY ROOM	1,201,121	671,265	1,872,386	0.270824	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	1,903,673	754,876	2,658,549	0.358799	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	796,819	1,730,622	2,527,441	0.671227	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	1,697,357	339,534	2,036,891	0.153465	0.000000	56.00
57.00	CT SCAN	3,874,892	3,314,181	7,189,073	0.095771	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	13,950,329	6,650,553	20,600,882	0.154582	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	732,260	59,184	791,444	0.668457	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	10,665,975	443,113	11,109,088	0.289429	0.000000	65.00
66.00	PHYSICAL THERAPY	1,602,348	396,449	1,998,797	0.504220	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	SPEECH PATHOLOGY	83,765	8,350	92,115	0.706356	0.000000	68.00
69.00	ELECTROCARDIOLOGY	2,693,844	732,495	3,426,339	0.142950	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	91,164	5,600	96,764	0.169681	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,891,881	1,257,565	3,149,446	0.313733	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	9,249,547	672,532	9,922,079	0.026743	0.000000	73.00
74.00	RENAL DIALYSIS	2,193,348	35,289	2,228,637	0.224814	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.01	ULTRA SOUND	459,271	618,644	1,077,915	0.169691	0.000000	76.01
76.02	VASCULAR LAB	0	0	0	0.000000	0.000000	76.02
76.03	PULMONARY FUNCTION TESTING	0	0	0	0.000000	0.000000	76.03
76.04	INDUSTRIAL MEDICINE	0	0	0	0.000000	0.000000	76.04
76.05	PATIENT EDUCATION	3,738	305	4,043	0.689834	0.000000	76.05
76.06	ADMISSION REVIEW	0	0	0	0.000000	0.000000	76.06
76.07	EYE CARE	0	0	0	0.000000	0.000000	76.07
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	EMERGENCY	1,795,203	4,298,133	6,093,336	0.739794	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	864,725	864,725	0.000000	0.000000	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0	0.000000	0.000000	99.00
99.10	CORF	0	0	0	0.000000	0.000000	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140181

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0			112.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
117.00	OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0			117.00
200.00	Subtotal (see instructions)	91,644,045	24,265,241	115,909,286			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	91,644,045	24,265,241	115,909,286			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/21/2012 8:15 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	OTHER SPECIAL CARE			35.00
40.00	SUBPROVIDER - I PF			40.00
41.00	SUBPROVIDER - I RF			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
45.01	ICF/MR			45.01
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.371571		50.00
51.00	RECOVERY ROOM	0.270824		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.442230		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.671227		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.153465		56.00
57.00	CT SCAN	0.095771		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.154582		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.668457		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.289429		65.00
66.00	PHYSICAL THERAPY	0.504220		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.706356		68.00
69.00	ELECTROCARDIOLOGY	0.142950		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.169681		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.313733		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.026743		73.00
74.00	RENAL DIALYSIS	0.224814		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.01	ULTRA SOUND	0.169691		76.01
76.02	VASCULAR LAB	0.000000		76.02
76.03	PULMONARY FUNCTION TESTING	0.000000		76.03
76.04	INDUSTRIAL MEDICINE	0.000000		76.04
76.05	PATIENT EDUCATION	0.689834		76.05
76.06	ADMISSION REVIEW	0.000000		76.06
76.07	EYE CARE	0.000000		76.07
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.739794		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/21/2012 8:15 am
		Title XIX	Hospital	PPS
Cost Center Description	PPS Inpatient Ratio			
	11.00			
109.00 PANCREAS ACQUISITION				109.00
110.00 INTESTINAL ACQUISITION				110.00
111.00 ISLET ACQUISITION				111.00
112.00 OTHER ORGAN ACQUISITION				112.00
113.00 INTEREST EXPENSE				113.00
114.00 UTILIZATION REVIEW-SNF				114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00 HOSPICE				116.00
117.00 OTHER SPECIAL PURPOSE (SPECIFY)				117.00
200.00 Subtotal (see instructions)				200.00
201.00 Less Observation Beds				201.00
202.00 Total (see instructions)				202.00

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

Provider CCN: 140181

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

Worksheet C Part II Date/Time Prepared: 5/21/2012 8:15 am

Cost Center Description		Title XIX			Hospital		PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,577,562	149,288	2,428,274	0	0	50.00
51.00	RECOVERY ROOM	507,087	10,175	496,912	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	953,886	44,385	909,501	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,696,487	284,803	1,411,684	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	312,591	6,148	306,443	0	0	56.00
57.00	CT SCAN	688,505	187,453	501,052	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	3,184,531	64,971	3,119,560	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	529,046	8,761	520,285	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	3,215,295	75,568	3,139,727	0	0	65.00
66.00	PHYSICAL THERAPY	1,007,833	22,625	985,208	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	65,066	26,549	38,517	0	0	68.00
69.00	ELECTROCARDIOLOGY	489,795	14,715	475,080	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	16,419	308	16,111	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	988,085	14,736	973,349	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	265,345	4,240	261,105	0	0	73.00
74.00	RENAL DIALYSIS	501,028	7,843	493,185	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	ULTRA SOUND	182,912	7,222	175,690	0	0	76.01
76.02	VASCULAR LAB	0	0	0	0	0	76.02
76.03	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.04	INDUSTRIAL MEDICINE	0	0	0	0	0	76.04
76.05	PATIENT EDUCATION	2,789	70	2,719	0	0	76.05
76.06	ADMISSION REVIEW	0	0	0	0	0	76.06
76.07	EYE CARE	0	0	0	0	0	76.07
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	4,507,813	89,603	4,418,210	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
117.00	OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0	0	117.00
200.00	Subtotal (sum of lines 50 thru 199)	21,692,075	1,019,463	20,672,612	0	0	200.00
201.00	Less Observation Beds	0	0	0	0	0	201.00
202.00	Total (line 200 minus line 201)	21,692,075	1,019,463	20,672,612	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part II Date/Time Prepared: 5/21/2012 8:15 am
---	--	----------------------	---------------------------------------	---

Cost Center Description		Title XIX			Hospital	PPS
		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,577,562	6,936,921	0.371571		50.00
51.00	RECOVERY ROOM	507,087	1,872,386	0.270824		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	ANESTHESIOLOGY	953,886	2,658,549	0.358799		53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,696,487	2,527,441	0.671227		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	RADIOISOTOPE	312,591	2,036,891	0.153465		56.00
57.00	CT SCAN	688,505	7,189,073	0.095771		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000		59.00
60.00	LABORATORY	3,184,531	20,600,882	0.154582		60.00
60.01	BLOOD LABORATORY	0	0	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	529,046	791,444	0.668457		63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	RESPIRATORY THERAPY	3,215,295	11,109,088	0.289429		65.00
66.00	PHYSICAL THERAPY	1,007,833	1,998,797	0.504220		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	SPEECH PATHOLOGY	65,066	92,115	0.706356		68.00
69.00	ELECTROCARDIOLOGY	489,795	3,426,339	0.142950		69.00
70.00	ELECTROENCEPHALOGRAPHY	16,419	96,764	0.169681		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	988,085	3,149,446	0.313733		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	265,345	9,922,079	0.026743		73.00
74.00	RENAL DIALYSIS	501,028	2,228,637	0.224814		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.00
76.01	ULTRA SOUND	182,912	1,077,915	0.169691		76.01
76.02	VASCULAR LAB	0	0	0.000000		76.02
76.03	PULMONARY FUNCTION TESTING	0	0	0.000000		76.03
76.04	INDUSTRIAL MEDICINE	0	0	0.000000		76.04
76.05	PATIENT EDUCATION	2,789	4,043	0.689834		76.05
76.06	ADMISSION REVIEW	0	0	0.000000		76.06
76.07	EYE CARE	0	0	0.000000		76.07
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	CLINIC	0	0	0.000000		90.00
91.00	EMERGENCY	4,507,813	6,093,336	0.739794		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	864,725	0.000000		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	AMBULANCE SERVICES	0	0	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
99.00	CMHC	0	0	0.000000		99.00
99.10	CORF	0	0	0.000000		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	HEART ACQUISITION	0	0	0.000000		106.00
107.00	LIVER ACQUISITION	0	0	0.000000		107.00
108.00	LUNG ACQUISITION	0	0	0.000000		108.00
109.00	PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	ISLET ACQUISITION	0	0	0.000000		111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0.000000		112.00
113.00	INTEREST EXPENSE	0	0	0.000000		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0.000000		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	HOSPICE	0	0	0.000000		116.00
117.00	OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0.000000		117.00
200.00	Subtotal (sum of lines 50 thru 199)	21,692,075	84,676,871			200.00
201.00	Less Observation Beds	0	0			201.00
202.00	Total (line 200 minus line 201)	21,692,075	84,676,871			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140181

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

Worksheet D
Part I
Date/Time Prepared:
5/21/2012 8:15 am

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	330,582	0	330,582	24,693	13.39	30.00
31.00	INTENSIVE CARE UNIT	103,851		103,851	2,326	44.65	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	OTHER SPECIAL CARE	0		0	0	0.00	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (lines 30-199)	434,433		434,433	27,019		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/21/2012 8:15 am
		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	14,858	198,949	30.00
31.00 INTENSIVE CARE UNIT	1,560	69,654	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00 OTHER SPECIAL CARE	0	0	35.00
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
45.01 ICF/MR	0	0	45.01
200.00 Total (lines 30-199)	16,418	268,603	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140181		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/21/2012 8:15 am	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	149,288	6,936,921	0.021521	2,656,317	57,167	50.00
51.00	RECOVERY ROOM	10,175	1,872,386	0.005434	641,765	3,487	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	44,385	2,658,549	0.016695	1,047,585	17,489	53.00
54.00	RADIOLOGY-DIAGNOSTIC	284,803	2,527,441	0.112684	588,118	66,271	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	6,148	2,036,891	0.003018	1,167,253	3,523	56.00
57.00	CT SCAN	187,453	7,189,073	0.026075	2,508,168	65,400	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	64,971	20,600,882	0.003154	11,501,748	36,277	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	8,761	791,444	0.011070	194,914	2,158	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	75,568	11,109,088	0.006802	3,065,122	20,849	65.00
66.00	PHYSICAL THERAPY	22,625	1,998,797	0.011319	1,364,136	15,441	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	26,549	92,115	0.288216	76,863	22,153	68.00
69.00	ELECTROCARDIOLOGY	14,715	3,426,339	0.004295	2,198,680	9,443	69.00
70.00	ELECTROENCEPHALOGRAPHY	308	96,764	0.003183	64,729	206	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,736	3,149,446	0.004679	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,240	9,922,079	0.000427	6,786,499	2,898	73.00
74.00	RENAL DIALYSIS	7,843	2,228,637	0.003519	1,759,352	6,191	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.01	ULTRA SOUND	7,222	1,077,915	0.006700	271,659	1,820	76.01
76.02	VASCULAR LAB	0	0	0.000000	0	0	76.02
76.03	PULMONARY FUNCTION TESTING	0	0	0.000000	0	0	76.03
76.04	INDUSTRIAL MEDICINE	0	0	0.000000	0	0	76.04
76.05	PATIENT EDUCATION	70	4,043	0.017314	0	0	76.05
76.06	ADMISSION REVIEW	0	0	0.000000	0	0	76.06
76.07	EYE CARE	0	0	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
91.00	EMERGENCY	89,603	6,093,336	0.014705	1,119,267	16,459	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	864,725	0.000000	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50-199)	1,019,463	84,676,871		37,012,175	347,232	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140181		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/21/2012 8:15 am	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	OTHER SPECIAL CARE	0	0	0	0	0	35.00
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
45.01	ICF/MR	0	0	0	0	0	45.01
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/21/2012 8:15 am
---	----------------------	---	---

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)	Hospital		
					PSA Adj. Nursing School	PPS	
	6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	24,693	0.00	14,858	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	2,326	0.00	1,560	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0.00	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	0	34.00
35.00 OTHER SPECIAL CARE	0	0.00	0	0	0	0	35.00
40.00 SUBPROVIDER - IPF	0	0.00	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	0	42.00
43.00 NURSERY	0	0.00	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0.00	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0.00	0	0	0	0	45.00
45.01 ICF/MR	0	0.00	0	0	0	0	45.01
200.00 Total (lines 30-199)	27,019		16,418	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/21/2012 8:15 am
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
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00 OTHER SPECIAL CARE	0	0		35.00
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
45.01 ICF/MR	0	0		45.01
200.00 Total (Lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 8:15 am
--	----------------------	---------------------------------------	---

Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
76.01 ULTRA SOUND	0	0	0	0	0	0	76.01
76.02 VASCULAR LAB	0	0	0	0	0	0	76.02
76.03 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	76.03
76.04 INDUSTRIAL MEDICINE	0	0	0	0	0	0	76.04
76.05 PATIENT EDUCATION	0	0	0	0	0	0	76.05
76.06 ADMISSION REVIEW	0	0	0	0	0	0	76.06
76.07 EYE CARE	0	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 8:15 am
--	----------------------	---------------------------------------	---

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	6,936,921	0.000000	0.000000	2,656,317	50.00
51.00 RECOVERY ROOM	0	1,872,386	0.000000	0.000000	641,765	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	2,658,549	0.000000	0.000000	1,047,585	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	2,527,441	0.000000	0.000000	588,118	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	2,036,891	0.000000	0.000000	1,167,253	56.00
57.00 CT SCAN	0	7,189,073	0.000000	0.000000	2,508,168	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	20,600,882	0.000000	0.000000	11,501,748	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	791,444	0.000000	0.000000	194,914	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	11,109,088	0.000000	0.000000	3,065,122	65.00
66.00 PHYSICAL THERAPY	0	1,998,797	0.000000	0.000000	1,364,136	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	92,115	0.000000	0.000000	76,863	68.00
69.00 ELECTROCARDIOLOGY	0	3,426,339	0.000000	0.000000	2,198,680	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	96,764	0.000000	0.000000	64,729	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,149,446	0.000000	0.000000	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	9,922,079	0.000000	0.000000	6,786,499	73.00
74.00 RENAL DIALYSIS	0	2,228,637	0.000000	0.000000	1,759,352	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.01 ULTRA SOUND	0	1,077,915	0.000000	0.000000	271,659	76.01
76.02 VASCULAR LAB	0	0	0.000000	0.000000	0	76.02
76.03 PULMONARY FUNCTION TESTING	0	0	0.000000	0.000000	0	76.03
76.04 INDUSTRIAL MEDICINE	0	0	0.000000	0.000000	0	76.04
76.05 PATIENT EDUCATION	0	4,043	0.000000	0.000000	0	76.05
76.06 ADMISSION REVIEW	0	0	0.000000	0.000000	0	76.06
76.07 EYE CARE	0	0	0.000000	0.000000	0	76.07
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	6,093,336	0.000000	0.000000	1,119,267	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	864,725	0.000000	0.000000	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	0	84,676,871			37,012,175	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 8:15 am
--	----------------------	---------------------------------------	---

Cost Center Description	Title XVIII			Hospital		PPS
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	408,161	0	0	0	50.00
51.00 RECOVERY ROOM	0	174,197	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	254,445	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	304,065	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	136,716	0	0	0	56.00
57.00 CT SCAN	0	672,271	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	49,099	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	36,060	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	395,598	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	603,086	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	176,170	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01 ULTRA SOUND	0	0	0	0	0	76.01
76.02 VASCULAR LAB	0	0	0	0	0	76.02
76.03 PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.04 INDUSTRIAL MEDICINE	0	0	0	0	0	76.04
76.05 PATIENT EDUCATION	0	0	0	0	0	76.05
76.06 ADMISSION REVIEW	0	0	0	0	0	76.06
76.07 EYE CARE	0	0	0	0	0	76.07
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	664,103	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	233,640	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	4,107,611	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 8:15 am
--	----------------------	---	--

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	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
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.01	ULTRA SOUND	0	0	76.01
76.02	VASCULAR LAB	0	0	76.02
76.03	PULMONARY FUNCTION TESTING	0	0	76.03
76.04	INDUSTRIAL MEDICINE	0	0	76.04
76.05	PATIENT EDUCATION	0	0	76.05
76.06	ADMISSION REVIEW	0	0	76.06
76.07	EYE CARE	0	0	76.07
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	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/21/2012 8:15 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			50.00
		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	0.371571	408,161	0	0	50.00
51.00 RECOVERY ROOM	0.270824	174,197	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.358799	254,445	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.671227	304,065	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00 RADIOISOTOPE	0.153465	136,716	0	0	56.00
57.00 CT SCAN	0.095771	672,271	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	0.154582	49,099	0	0	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.668457	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0.289429	36,060	0	0	65.00
66.00 PHYSICAL THERAPY	0.504220	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0.706356	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.142950	395,598	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.169681	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.313733	603,086	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.026743	176,170	0	0	73.00
74.00 RENAL DIALYSIS	0.224814	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.00
76.01 ULTRA SOUND	0.169691	0	0	0	76.01
76.02 VASCULAR LAB	0.000000	0	0	0	76.02
76.03 PULMONARY FUNCTION TESTING	0.000000	0	0	0	76.03
76.04 INDUSTRIAL MEDICINE	0.000000	0	0	0	76.04
76.05 PATIENT EDUCATION	0.689834	0	0	0	76.05
76.06 ADMISSION REVIEW	0.000000	0	0	0	76.06
76.07 EYE CARE	0.000000	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0.000000				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 CLINIC	0.000000	0	0	0	90.00
91.00 EMERGENCY	0.739794	664,103	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	233,640	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 AMBULANCE SERVICES	0.000000		0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00 Subtotal (see instructions)		4,107,611	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)		4,107,611	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/21/2012 8:15 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	151,661	0	0		50.00
51.00 RECOVERY ROOM	47,177	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	91,295	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	204,097	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	20,981	0	0		56.00
57.00 CT SCAN	64,384	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	7,590	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	10,437	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	56,551	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	189,208	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	4,711	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.01 ULTRA SOUND	0	0	0		76.01
76.02 VASCULAR LAB	0	0	0		76.02
76.03 PULMONARY FUNCTION TESTING	0	0	0		76.03
76.04 INDUSTRIAL MEDICINE	0	0	0		76.04
76.05 PATIENT EDUCATION	0	0	0		76.05
76.06 ADMISSION REVIEW	0	0	0		76.06
76.07 EYE CARE	0	0	0		76.07
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	491,299	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	1,339,391	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)	1,339,391	0	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140181

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

Worksheet D
Part I
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	330,582	0	330,582	24,693	13.39	30.00
31.00	INTENSIVE CARE UNIT	103,851		103,851	2,326	44.65	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	OTHER SPECIAL CARE	0		0	0	0.00	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (lines 30-199)	434,433		434,433	27,019		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/21/2012 8:15 am
		Title XIX	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	7,979	106,839		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00 OTHER SPECIAL CARE	0	0		35.00
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
45.01 ICF/MR	0	0		45.01
200.00 Total (Lines 30-199)	7,979	106,839		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140181

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

Worksheet D
Part II
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	149,288	6,936,921	0.021521	0	0	50.00
51.00	RECOVERY ROOM	10,175	1,872,386	0.005434	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	44,385	2,658,549	0.016695	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	284,803	2,527,441	0.112684	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	6,148	2,036,891	0.003018	0	0	56.00
57.00	CT SCAN	187,453	7,189,073	0.026075	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	64,971	20,600,882	0.003154	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	8,761	791,444	0.011070	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	75,568	11,109,088	0.006802	0	0	65.00
66.00	PHYSICAL THERAPY	22,625	1,998,797	0.011319	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	26,549	92,115	0.288216	0	0	68.00
69.00	ELECTROCARDIOLOGY	14,715	3,426,339	0.004295	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	308	96,764	0.003183	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,736	3,149,446	0.004679	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,240	9,922,079	0.000427	0	0	73.00
74.00	RENAL DIALYSIS	7,843	2,228,637	0.003519	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.01	ULTRA SOUND	7,222	1,077,915	0.006700	0	0	76.01
76.02	VASCULAR LAB	0	0	0.000000	0	0	76.02
76.03	PULMONARY FUNCTION TESTING	0	0	0.000000	0	0	76.03
76.04	INDUSTRIAL MEDICINE	0	0	0.000000	0	0	76.04
76.05	PATIENT EDUCATION	70	4,043	0.017314	0	0	76.05
76.06	ADMISSION REVIEW	0	0	0.000000	0	0	76.06
76.07	EYE CARE	0	0	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
91.00	EMERGENCY	89,603	6,093,336	0.014705	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	864,725	0.000000	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50-199)	1,019,463	84,676,871		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140181		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/21/2012 8:15 am	
Cost Center Description		Title XIX		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	OTHER SPECIAL CARE	0	0	0	0	0	35.00
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
45.01	ICF/MR	0	0	0	0	0	45.01
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/21/2012 8:15 am
---	----------------------	---	---

Cost Center Description	Title XIX					Hospital	
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS	
	6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	24,693	0.00	7,979	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	2,326	0.00	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0.00	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	0	34.00
35.00 OTHER SPECIAL CARE	0	0.00	0	0	0	0	35.00
40.00 SUBPROVIDER - IPF	0	0.00	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	0	42.00
43.00 NURSERY	0	0.00	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0.00	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0.00	0	0	0	0	45.00
45.01 ICF/MR	0	0.00	0	0	0	0	45.01
200.00 Total (lines 30-199)	27,019		7,979	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/21/2012 8:15 am
Title XIX		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
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00 OTHER SPECIAL CARE	0	0		35.00
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
45.01 ICF/MR	0	0		45.01
200.00 Total (Lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 8:15 am
--	----------------------	---------------------------------------	---

Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
76.01 ULTRA SOUND	0	0	0	0	0	0	76.01
76.02 VASCULAR LAB	0	0	0	0	0	0	76.02
76.03 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	76.03
76.04 INDUSTRIAL MEDICINE	0	0	0	0	0	0	76.04
76.05 PATIENT EDUCATION	0	0	0	0	0	0	76.05
76.06 ADMISSION REVIEW	0	0	0	0	0	0	76.06
76.07 EYE CARE	0	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140181

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description		Title XIX			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	6,936,921	0.000000	0.000000	0	50.00
51.00	RECOVERY ROOM	0	1,872,386	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	2,658,549	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,527,441	0.000000	0.000000	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	2,036,891	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	7,189,073	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	20,600,882	0.000000	0.000000	0	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	791,444	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	11,109,088	0.000000	0.000000	0	65.00
66.00	PHYSICAL THERAPY	0	1,998,797	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	92,115	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	3,426,339	0.000000	0.000000	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	96,764	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,149,446	0.000000	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	9,922,079	0.000000	0.000000	0	73.00
74.00	RENAL DIALYSIS	0	2,228,637	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.01	ULTRA SOUND	0	1,077,915	0.000000	0.000000	0	76.01
76.02	VASCULAR LAB	0	0	0.000000	0.000000	0	76.02
76.03	PULMONARY FUNCTION TESTING	0	0	0.000000	0.000000	0	76.03
76.04	INDUSTRIAL MEDICINE	0	0	0.000000	0.000000	0	76.04
76.05	PATIENT EDUCATION	0	4,043	0.000000	0.000000	0	76.05
76.06	ADMISSION REVIEW	0	0	0.000000	0.000000	0	76.06
76.07	EYE CARE	0	0	0.000000	0.000000	0	76.07
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	6,093,336	0.000000	0.000000	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	864,725	0.000000	0.000000	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	0	84,676,871			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 8:15 am
--	----------------------	---------------------------------------	---

Cost Center Description	Title XIX			Hospital	PPS		
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
	11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
76.01 ULTRA SOUND	0	0	0	0	0	0	76.01
76.02 VASCULAR LAB	0	0	0	0	0	0	76.02
76.03 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	76.03
76.04 INDUSTRIAL MEDICINE	0	0	0	0	0	0	76.04
76.05 PATIENT EDUCATION	0	0	0	0	0	0	76.05
76.06 ADMISSION REVIEW	0	0	0	0	0	0	76.06
76.07 EYE CARE	0	0	0	0	0	0	76.07
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 8:15 am
--	----------------------	---	--

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	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
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 RADIOISOTOPE	0	0		56.00
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
60.01 BLOOD LABORATORY	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.01 ULTRA SOUND	0	0		76.01
76.02 VASCULAR LAB	0	0		76.02
76.03 PULMONARY FUNCTION TESTING	0	0		76.03
76.04 INDUSTRIAL MEDICINE	0	0		76.04
76.05 PATIENT EDUCATION	0	0		76.05
76.06 ADMISSION REVIEW	0	0		76.06
76.07 EYE CARE	0	0		76.07
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 OTHER OUTPATIENT SERVICE COST CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 AMBULANCE SERVICES	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Total (Lines 50-199)	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	PPS
Date/Time Prepared: 5/21/2012 8:15 am				
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)		24,693	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,693	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)		24,693	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		14,858	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)		13,656,400	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)		13,656,400	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		26,476,883	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		26,476,883	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.515786	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,072.24	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)		13,656,400	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)		553.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,217,217	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)		8,217,217	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140181		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	3,901,111	2,326	1,677.18	1,560	2,616,401	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,752,127	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					18,585,745	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)					268,603	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					347,232	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					615,835	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					17,969,910	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: 140181		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/21/2012 8:15 am	
Title XVIII		Hospital		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	330,582	13,656,400	0.024207	0	0	90.00
91.00	Nursing School cost	0	13,656,400	0.000000	0	0	91.00
92.00	Allied health cost	0	13,656,400	0.000000	0	0	92.00
93.00	All other Medical Education	0	13,656,400	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/21/2012 8:15 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,693	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,693	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)		24,693	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,979	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)		13,656,400	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)		13,656,400	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)		13,656,400	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)		553.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,412,786	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)		4,412,786	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140181		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XIX		Hospital		PPS		Date/Time Prepared: 5/21/2012 8:15 am	
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	3,901,111	2,326	1,677.18	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,412,786	49.00	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)					106,839	50.00	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					106,839	52.00	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,305,947	53.00	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	54.00
55.00 Target amount per discharge					0.00	55.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	57.00
58.00 Bonus payment (see instructions)					0	58.00	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	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	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	61.00
62.00 Relief payment (see instructions)					0	62.00	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	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	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	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	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	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	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	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	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	71.00
72.00 Program routine service cost (line 9 x line 71)						72.00	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	80.00
81.00 Inpatient routine service cost per diem limitation						81.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	83.00
84.00 Program inpatient ancillary services (see instructions)						84.00	84.00
85.00 Utilization review - physician compensation (see instructions)						85.00	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140181

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

Worksheet D-1
Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Title XIX		Hospital	
				1.00	2.00	3.00	4.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00 Capital-related cost	330,582	13,656,400	0.024207	0	0	0	90.00
91.00 Nursing School cost	0	13,656,400	0.000000	0	0	0	91.00
92.00 Allied health cost	0	13,656,400	0.000000	0	0	0	92.00
93.00 All other Medical Education	0	13,656,400	0.000000	0	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/21/2012 8:15 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		15,532,244		30.00
31.00	INTENSIVE CARE UNIT		3,092,121		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	OTHER SPECIAL CARE		0		35.00
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	0.371571	2,656,317	987,010	50.00
51.00	RECOVERY ROOM	0.270824	641,765	173,805	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.442230	1,047,585	463,274	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.671227	588,118	394,761	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.153465	1,167,253	179,132	56.00
57.00	CT SCAN	0.095771	2,508,168	240,210	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	0.154582	11,501,748	1,777,963	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.668457	194,914	130,292	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.289429	3,065,122	887,135	65.00
66.00	PHYSICAL THERAPY	0.504220	1,364,136	687,825	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.706356	76,863	54,293	68.00
69.00	ELECTROCARDIOLOGY	0.142950	2,198,680	314,301	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.169681	64,729	10,983	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.313733	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.026743	6,786,499	181,491	73.00
74.00	RENAL DIALYSIS	0.224814	1,759,352	395,527	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.01	ULTRA SOUND	0.169691	271,659	46,098	76.01
76.02	VASCULAR LAB	0.000000	0	0	76.02
76.03	PULMONARY FUNCTION TESTING	0.000000	0	0	76.03
76.04	INDUSTRIAL MEDICINE	0.000000	0	0	76.04
76.05	PATIENT EDUCATION	0.689834	0	0	76.05
76.06	ADMISSION REVIEW	0.000000	0	0	76.06
76.07	EYE CARE	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.739794	1,119,267	828,027	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		37,012,175	7,752,127	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)		37,012,175		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/21/2012 8:15 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	OTHER SPECIAL CARE		0		35.00
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	0.371571	0	0	50.00
51.00	RECOVERY ROOM	0.270824	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.442230	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.671227	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.153465	0	0	56.00
57.00	CT SCAN	0.095771	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	0.154582	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.668457	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.289429	0	0	65.00
66.00	PHYSICAL THERAPY	0.504220	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.706356	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.142950	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.169681	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.313733	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.026743	0	0	73.00
74.00	RENAL DIALYSIS	0.224814	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.01	ULTRA SOUND	0.169691	0	0	76.01
76.02	VASCULAR LAB	0.000000	0	0	76.02
76.03	PULMONARY FUNCTION TESTING	0.000000	0	0	76.03
76.04	INDUSTRIAL MEDICINE	0.000000	0	0	76.04
76.05	PATIENT EDUCATION	0.689834	0	0	76.05
76.06	ADMISSION REVIEW	0.000000	0	0	76.06
76.07	EYE CARE	0.000000	0	0	76.07
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.739794	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		0	0	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)		0	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/21/2012 8:15 am
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		14,063,853	1.00
2.00	Outlier payments for discharges. (see instructions)		91,703	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		125.00	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)		16.26	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		29.53	31.00
32.00	Sum of lines 30 and 31		45.79	32.00
33.00	Allowable disproportionate share percentage (see instructions)		26.98	33.00
34.00	Disproportionate share adjustment (see instructions)		3,794,428	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)		516.48	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		17,949,984	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)		17,949,984	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,253,391	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: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/21/2012 8:15 am
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			19,203,375 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			19,203,375 61.00
62.00	Deductibles billed to program beneficiaries			1,186,556 62.00
63.00	Coinsurance billed to program beneficiaries			320,009 63.00
64.00	Allowable bad debts (see instructions)			1,051,832 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			736,282 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			869,521 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			18,433,092 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)			18,433,092 71.00
72.00	Interim payments			18,017,579 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)			415,513 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 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: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/21/2012 8:15 am
		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)		1,339,391	2.00
3.00	PPS payments		1,344,203	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)		1,344,203	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		301,599	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)		1,042,604	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)		1,042,604	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,042,604	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)		238,331	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		166,832	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		193,326	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		1,209,436	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)		1,209,436	40.00
41.00	Interim payments		1,074,731	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)		134,705	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: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/21/2012 8:15 am
		Title XVIII	Hospital
			PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140181

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2012 8:15 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		18,065,662		1,157,783	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	07/29/2011	48,083	07/29/2011	83,052	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)		-48,083		-83,052	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)		18,017,579		1,074,731	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		415,513		134,705	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		18,433,092		1,209,436	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/21/2012 8:15 am
		Title XVIII	Hospital	PPS
				1.00
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			4,430 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			16,418 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			0 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			27,019 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			115,909,286 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			0 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			0 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

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

Provider CCN: 140181

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

Worksheet G

Date/Time Prepared:
5/21/2012 8:15 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,757,645	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	24,197,734	0	0	0	4.00
5.00	Other receivable	1,820,008	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-19,778,680	0	0	0	6.00
7.00	Inventory	308,048	0	0	0	7.00
8.00	Prepaid expenses	159,291	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	9,464,046	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,474,845	0	0	0	12.00
13.00	Land improvements	1,093,774	0	0	0	13.00
14.00	Accumulated depreciation	-961,319	0	0	0	14.00
15.00	Buildings	9,680,393	0	0	0	15.00
16.00	Accumulated depreciation	-7,595,743	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	9,745,614	0	0	0	19.00
20.00	Accumulated depreciation	-8,812,400	0	0	0	20.00
21.00	Automobiles and trucks	1,000,060	0	0	0	21.00
22.00	Accumulated depreciation	-200,039	0	0	0	22.00
23.00	Major movable equipment	18,297,009	0	0	0	23.00
24.00	Accumulated depreciation	-15,859,629	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	7,862,565	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	13,500,858	0	0	0	31.00
32.00	Deposits on leases	5,519,155	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	19,020,013	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	36,346,624	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	725,915	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,878,338	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,920,146	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	7,524,399	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	5,193,300	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,193,300	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	12,717,699	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	23,628,925				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)	23,628,925	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	36,346,624	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140181

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

Worksheet G-1

Date/Time Prepared:
5/21/2012 8:15 am

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
		1.00	Fund balances at beginning of period		23,616,281		
2.00	Net income (loss) (From Wkst. G-3, line 29)		-221,818			2.00	
3.00	Total (sum of line 1 and line 2)		23,394,463		0	3.00	
4.00	UNREALIZED GAIN	234,462		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)		234,462		0	10.00	
11.00	Subtotal (line 3 plus line 10)		23,628,925		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)		23,628,925		0	19.00	

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140181

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

Worksheet G-1

Date/Time Prepared:
5/21/2012 8:15 am

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		0		0		1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		0		0		3.00
4.00 UNREALIZED GAIN	0		0			4.00
5.00	0		0			5.00
6.00	0		0			6.00
7.00	0		0			7.00
8.00	0		0			8.00
9.00	0		0			9.00
10.00 Total additions (sum of line 4-9)		0		0		10.00
11.00 Subtotal (line 3 plus line 10)		0		0		11.00
12.00 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)		0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140181

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

Worksheet G-2 Parts

Date/Time Prepared:
5/21/2012 8:15 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	26,476,883		26,476,883	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	26,476,883		26,476,883	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,755,491		4,755,491	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,755,491		4,755,491	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	31,232,374		31,232,374	17.00
18.00	Ancillary services	60,411,630	24,265,282	84,676,912	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	91,644,004	24,265,282	115,909,286	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		43,455,598		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)		43,455,598		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140181

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

Worksheet G-3

Date/Time Prepared:
5/21/2012 8:15 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	115,909,286	1.00
2.00	Less contractual allowances and discounts on patients' accounts	74,767,744	2.00
3.00	Net patient revenues (line 1 minus line 2)	41,141,542	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	43,455,598	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,314,056	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	26,501	6.00
7.00	Income from investments	448,074	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	24,252	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	186,303	14.00
15.00	Revenue from rental of living quarters	49,675	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	32,687	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	287	21.00
22.00	Rental of hospital space	208,220	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY) MISCELLANEOUS	1,116,239	24.00
25.00	Total other income (sum of lines 6-24)	2,092,238	25.00
26.00	Total (line 5 plus line 25)	-221,818	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)	-221,818	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140181	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/21/2012 8:15 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,141,884	1.00
2.00	Capital DRG outlier payments		516	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		74.02	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)		16.26	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		29.53	8.00
9.00	Sum of lines 7 and 8		45.79	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.72	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		110,991	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,253,391	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