

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: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/18/2012 12:16 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/18/2012 Time: 12:16 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 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 MEMORIAL HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

	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	-709,299	-79,388	0	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	52,583	-36	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	-656,716	-79,424	0	0 200.00

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

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

Provider CCN: 140185

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

Worksheet S Parts I-III Date/Time Prepared: 5/18/2012 12:16 pm

PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: 5/18/2012 Time: 12:16 pm

2. Manually submitted cost report

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

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

Contractor use only

5. Cost Report Status

(1) As Submitted

(2) Settled without Audit

(3) Settled with Audit

(4) Reopened

(5) Amended

6. Date Received:

7. Contractor No.

8. Initial Report for this Provider CCN

9. Final Report for this Provider CCN

10. NPR Date:

11. Contractor's Vendor Code: 4

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

PART II - CERTIFICATION

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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 MEMORIAL HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/18/2012 Time: 12:16 pm

XF32Boh7DcoyylI00K3: amnVO. P50

vcmf50. SZ66fgl mXGXRvOW7: c052b

FeDy1qTEzZ0Qkxnr

PI: Date: 5/18/2012 Time: 12:16 pm

: Y5HzVYqAmspvhXI0Ut57v2KcWoKW1

tIQ8ROS0XtA1GCynMVJKobwCDNpAvp

AQ.oxsKhdb0S8uIV

(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	-709,299	-79,388	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	52,583	-36		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	-656,716	-79,424	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140185		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/18/2012 11:40 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 4500 MEMORIAL DRIVE	PO Box:								
2.00	City: BELLEVILLE	State: IL		Zip Code: 62226-		County: SAINT CLAIR				
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		
V		XVIII		XIX						
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MEMORIAL HOSPITAL	140185	41180	1	07/01/1966	N	P	O	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	MEMORIAL CONVALESCENT CENTER	145102	41180		01/01/1967	N	P	N	9.00
10.00	Hospital-Based NF						N		N	10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	MEMORIAL HOME CARE SERVICES	147443	41180		03/10/1986	N	P	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.	11,113	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: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/18/2012 11:40 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	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000		64.00
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140185

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

Worksheet S-2
Part I
Date/Time Prepared:
5/18/2012 11:40 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: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/18/2012 11:40 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.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0	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.			0	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 140185		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/18/2012 11:40 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)		Y					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:						142.00
143.00	City:	State:		Zip Code:				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	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					N		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/18/2012 11:40 am
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/18/2012 11:40 am
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		Part A		
		Description	Y/N	Date
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00
				21.00
				1.00
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.			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			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			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.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			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.			35.00
				Y/N
				Date
				1.00
				2.00
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			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.			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.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140185

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

Worksheet S-2
Part II
Date/Time Prepared:
5/18/2012 11:40 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	03/31/2012	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: 140185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/18/2012 11:40 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	296	108,040	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)		296	108,040	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	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 (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		316	115,340	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	108	39,420			19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00					25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		424				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: 140185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/18/2012 11:40 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	30,515	8,385	62,610		1.00
2.00 HMO		985	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	30,515	8,385	62,610		7.00
8.00 INTENSIVE CARE UNIT	0	2,767	589	5,267		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 (SPECIFY)						12.00
13.00 NURSERY	0		1,867	3,665		13.00
14.00 Total (see instructions)	0	33,282	10,841	71,542		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	12,851	0	21,194		19.00
20.00 NURSING FACILITY	0		0	0		20.00
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY	0	6,270	0	12,682		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						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)			272	512		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/18/2012 11:40 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	6,639	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	1,825.66	0.00	0	6,639	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	116.89	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	25.69	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	1,968.24	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: 140185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/18/2012 11:40 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)	2,236	16,369		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	2,236	16,369		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
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: 140185

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

Worksheet S-3
Part II
Date/Time Prepared:
5/18/2012 11:40 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	102,923,120	-2,574,404	100,348,716	4,044,195.00 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A		0	0	0	0.00 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		0	0	0	0.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	3,553,407	-427,062	3,126,345	138,430.00 9.00
10.00	Excluded area salaries (see instructions)		2,067,215	-20,523	2,046,692	79,761.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		1,853,352	0	1,853,352	27,567.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		1,777,289	0	1,777,289	11,396.00 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		37,057,149	0	37,057,149	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	18.00
19.00	Excluded areas		1,588,660	0	1,588,660	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	878,954	11,474	890,428	28,510.00 26.00
27.00	Administrative & General	5.00	10,603,040	-108,234	10,494,806	407,970.00 27.00
28.00	Administrative & General under contract (see inst.)		566,626	0	566,626	2,150.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	2,315,581	-54,736	2,260,845	118,988.00 30.00
31.00	Laundry & Linen Service	8.00	443,336	0	443,336	38,442.00 31.00
32.00	Housekeeping	9.00	1,794,638	0	1,794,638	158,909.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	1,417,379	-341,046	1,076,333	120,775.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	875,054	492,308	1,367,362	63,178.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	5,266,626	-1,781,521	3,485,105	95,013.00 38.00
39.00	Central Services and Supply	14.00	585,818	0	585,818	42,372.00 39.00
40.00	Pharmacy	15.00	2,840,222	-25,523	2,814,699	75,603.00 40.00
41.00	Medical Records & Medical Records Library	16.00	2,169,640	-23,162	2,146,478	115,656.00 41.00
42.00	Social Service	17.00	662,133	0	662,133	27,786.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/18/2012 11:40 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	24.81	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	22.58	9.00
10.00	Excluded area salaries (see instructions)	25.66	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	67.23	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	155.96	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	31.23	26.00
27.00	Administrative & General	25.72	27.00
28.00	Administrative & General under contract (see inst.)	263.55	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	19.00	30.00
31.00	Laundry & Linen Service	11.53	31.00
32.00	Housekeeping	11.29	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	8.91	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	21.64	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	36.68	38.00
39.00	Central Services and Supply	13.83	39.00
40.00	Pharmacy	37.23	40.00
41.00	Medical Records & Medical Records Library	18.56	41.00
42.00	Social Service	23.83	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140185		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part III Date/Time Prepared: 5/18/2012 11:40 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)	103,489,746	-2,574,404	100,915,342	4,046,345.00		1.00
2.00	Excluded area salaries (see instructions)	5,620,622	-447,585	5,173,037	218,191.00		2.00
3.00	Subtotal salaries (line 1 minus line 2)	97,869,124	-2,126,819	95,742,305	3,828,154.00		3.00
4.00	Subtotal other wages & related costs (see inst.)	3,630,641	0	3,630,641	38,963.00		4.00
5.00	Subtotal wage-related costs (see inst.)	37,057,149	0	37,057,149	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	138,556,914	-2,126,819	136,430,095	3,867,117.00		6.00
7.00	Total overhead cost (see instructions)	30,419,047	-1,830,440	28,588,607	1,295,352.00		7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/18/2012 11:40 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	24.94	1.00
2.00	Excluded area salaries (see instructions)	23.71	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25.01	3.00
4.00	Subtotal other wages & related costs (see inst.)	93.18	4.00
5.00	Subtotal wage-related costs (see inst.)	38.71	5.00
6.00	Total (sum of lines 3 thru 5)	35.28	6.00
7.00	Total overhead cost (see instructions)	22.07	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/18/2012 11:40 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		4,184,716	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		16,408	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)		24,234,633	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		247,331	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)		282,370	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,664,953	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		5,793,380	17.00
18.00	Medicare Taxes - Employers Portion Only		1,455,056	18.00
19.00	Unemployment Insurance		198,708	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		568,254	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		38,645,809	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: 140185

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

Worksheet S-3
Part V
Date/Time Prepared:
5/18/2012 11:40 am

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140185 Component CCN: 147443		Period: From 01/01/2011 To 12/31/2011		Worksheet S-4 Date/Time Prepared: 5/18/2012 11:40 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			ST. CLAIR, ILLINOIS		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	534	0	568	1,102	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	577.00	0.00	0.00	1,190.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.53	0.00	0.53	4.00
5.00	Other Administrative Personnel			9.10	0.00	9.10	5.00
6.00	Direct Nursing Service			9.52	0.00	9.52	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			5.40	0.00	5.40	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.37	0.00	0.37	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.10	0.00	0.10	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.13	0.00	0.13	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.53	0.00	0.53	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			41180			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,723	0	245	98	3,066	21.00
22.00	Skilled Nursing Visit Charges	813,390	0	73,122	29,238	915,750	22.00
23.00	Physical Therapy Visits	2,583	0	35	72	2,690	23.00
24.00	Physical Therapy Visit Charges	841,881	0	11,415	23,424	876,720	24.00
25.00	Occupational Therapy Visits	80	0	2	13	95	25.00
26.00	Occupational Therapy Visit Charges	26,280	0	660	4,290	31,230	26.00
27.00	Speech Pathology Visits	39	0	0	8	47	27.00
28.00	Speech Pathology Visit Charges	13,845	0	0	2,840	16,685	28.00
29.00	Medical Social Service Visits	26	0	0	0	26	29.00
30.00	Medical Social Service Visit Charges	12,506	0	0	0	12,506	30.00
31.00	Home Health Aide Visits	343	0	3	0	346	31.00
32.00	Home Health Aide Visit Charges	45,993	0	405	0	46,398	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,794	0	285	191	6,270	33.00
34.00	Other Charges	16,847	0	1,834	578	19,259	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,770,742	0	87,436	60,370	1,918,548	35.00
36.00	Total Number of Episodes (standard/non outlier)	503		105	18	626	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	16,847	0	1,834	578	19,259	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-7

Date/Time Prepared:
5/18/2012 11:40 am

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	16	0	16	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	28	0	28	6.00
7.00	RHX	78	0	78	7.00
8.00	RHL	43	0	43	8.00
9.00	RMX	135	0	135	9.00
10.00	RML	29	0	29	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	264	0	264	12.00
13.00	RUB	390	0	390	13.00
14.00	RUA	209	0	209	14.00
15.00	RVC	1,242	0	1,242	15.00
16.00	RVB	2,858	0	2,858	16.00
17.00	RVA	2,395	0	2,395	17.00
18.00	RHC	900	0	900	18.00
19.00	RHB	1,268	0	1,268	19.00
20.00	RHA	1,355	0	1,355	20.00
21.00	RMC	285	0	285	21.00
22.00	RMB	519	0	519	22.00
23.00	RMA	190	0	190	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	11	0	11	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	7	0	7	30.00
31.00	HD2	9	0	9	31.00
32.00	HD1	27	0	27	32.00
33.00	HC2	30	0	30	33.00
34.00	HC1	19	0	19	34.00
35.00	HB2	29	0	29	35.00
36.00	HB1	115	0	115	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	30	0	30	38.00
39.00	LD2	24	0	24	39.00
40.00	LD1	9	0	9	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	4	0	4	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	22	0	22	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	6	0	6	46.00
47.00	CD2	2	0	2	47.00
48.00	CD1	11	0	11	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	19	0	19	50.00
51.00	CB2	10	0	10	51.00
52.00	CB1	65	0	65	52.00
53.00	CA2	7	0	7	53.00
54.00	CA1	112	0	112	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	4	0	4	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-7

Date/Time Prepared:
5/18/2012 11:40 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	26	0	26	72.00
73.00		PC2	3	0	3	73.00
74.00		PC1	18	0	18	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	12	0	12	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	3	0	3	78.00
199.00		AAA	13	0	13	199.00
200.00	TOTAL		12,851	0	12,851	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)
		1.00	2.00

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).
 41180
 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	2,632,276	58.89	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	8,018	0.18	Y	205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	4,470,052			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/18/2012 11:40 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.254607		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		18,792,378		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		107,474,432		6.00	
7.00	Medicaid cost (line 1 times line 6)		27,363,743		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)		8,571,365		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)		8,571,365		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	4,810,538	1,413,461		6,223,999	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,224,797	359,877		1,584,674	21.00
22.00	Partial payment by patients approved for charity care	5,386	32,291		37,677	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,219,411	327,586		1,546,997	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0			25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		15,802,334			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,199,033			27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		14,603,301			28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		3,718,103			29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		5,265,100			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,836,465			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A
Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		3,582,098	3,582,098	1,066,491	4,648,589	1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT CC		73,171	73,171	60,503	133,674	1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP		10,192,349	10,192,349	1,723,270	11,915,619	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	878,954	39,320,102	40,199,056	21,474	40,220,530	4.00
5.01 COMMUNICATIONS	237,311	364,471	601,782	0	601,782	5.01
5.02 DATA PROCESSING	1,372,948	2,398,339	3,771,287	3,725	3,775,012	5.02
5.03 PURCHASING, RECEIVING AND STORES	538,086	153,506	691,592	-79,604	611,988	5.03
5.04 ADMINITTING	1,440,053	378,125	1,818,178	0	1,818,178	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	1,080,493	1,362,309	2,442,802	35,433	2,478,235	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	5,934,149	15,011,611	20,945,760	172,402	21,118,162	5.06
7.00 OPERATION OF PLANT	2,246,279	3,789,075	6,035,354	0	6,035,354	7.00
7.01 OPERATION OF PLANT CC	69,302	99,827	169,129	0	169,129	7.01
8.00 LAUNDRY & LINEN SERVICE	443,336	423,557	866,893	0	866,893	8.00
9.00 HOUSEKEEPING	1,681,394	320,986	2,002,380	0	2,002,380	9.00
9.01 HOUSEKEEPING CC	113,244	17,033	130,277	0	130,277	9.01
10.00 DIETARY	1,417,379	924,394	2,341,773	-238,446	2,103,327	10.00
11.00 CAFETERIA	875,054	599,937	1,474,991	604,841	2,079,832	11.00
13.00 NURSING ADMINISTRATION	5,266,626	456,962	5,723,588	-1,827,757	3,895,831	13.00
14.00 CENTRAL SERVICES & SUPPLY	585,818	857,124	1,442,942	-760,193	682,749	14.00
15.00 PHARMACY	2,840,222	9,704,198	12,544,420	-8,732,802	3,811,618	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,169,640	838,600	3,008,240	1,991	3,010,231	16.00
17.00 SOCIAL SERVICE	662,133	76,153	738,286	0	738,286	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	24,184,240	1,607,678	25,791,918	-1,043,772	24,748,146	30.00
31.00 INTENSIVE CARE UNIT	4,093,573	1,184,477	5,278,050	-21,320	5,256,730	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
40.00 SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - 1RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	1,754,809	1,754,809	43.00
44.00 SKILLED NURSING FACILITY	3,553,407	416,537	3,969,944	117,445	4,087,389	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	10,266,433	16,425,430	26,691,863	-9,085,092	17,606,771	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,155,214	331,747	2,486,961	0	2,486,961	52.00
53.00 ANESTHESIOLOGY	0	806,022	806,022	0	806,022	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,223,724	8,136,177	12,359,901	-1,916,279	10,443,622	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.02 MISC NURSING OP	0	0	0	0	0	56.02
57.00 CT SCAN	854,734	1,322,768	2,177,502	2,668	2,180,170	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	4,596,700	6,925,008	11,521,708	14,387	11,536,095	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	2,202,295	457,241	2,659,536	0	2,659,536	65.00
66.00 PHYSICAL THERAPY	4,155,916	264,239	4,420,155	-99,739	4,320,416	66.00
67.00 OCCUPATIONAL THERAPY	620,265	20,154	640,419	71,260	711,679	67.00
68.00 SPEECH PATHOLOGY	349,438	22,245	371,683	0	371,683	68.00
69.00 ELECTROCARDIOLOGY	1,177,952	224,936	1,402,888	0	1,402,888	69.00
70.00 ELECTROENCEPHALOGRAPHY	933,562	82,633	1,016,195	0	1,016,195	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	998,708	998,708	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,442,840	9,442,840	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	8,097,706	8,097,706	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	227,946	34,951	262,897	0	262,897	76.00
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	26,138	26,138	-26,138	0	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A
Date/Time Prepared:
5/18/2012 11:40 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	
90.01 DIABETIC EDUCATION OP	137,849	5,728	143,577	0	143,577	90.01
91.00 EMERGENCY	7,113,039	8,682,503	15,795,542	0	15,795,542	91.00
91.01 PARAMEDICS	157,197	68,687	225,884	-225,884	0	91.01
91.02 OP TELEMETRY	0	0	0	0	0	91.02
91.03 OP PSYCH	0	438,425	438,425	0	438,425	91.03
91.04 ICU OTHER	0	0	0	0	0	91.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE	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	1,720,660	145,792	1,866,452	0	1,866,452	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	169,547	169,547	-169,547	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	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	102,576,565	138,742,990	241,319,555	-36,620	241,282,935	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	346,555	492,888	839,443	-366,395	473,048	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 PHYSIATRY	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01 FOUNDATION	0	0	0	0	0	194.01
194.02 EMT PROGRAM	0	0	0	225,884	225,884	194.02
194.03 EMPLOYEE PHARMACY	0	0	0	177,131	177,131	194.03
200.00 TOTAL (SUM OF LINES 118-199)	102,923,120	139,235,878	242,158,998	0	242,158,998	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A
Date/Time Prepared:
5/18/2012 11:40 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	3,860	4,652,449	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	133,674	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	11,915,619	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	0	40,220,530	4.00
5.01	COMMUNICATIONS	-41,238	560,544	5.01
5.02	DATA PROCESSING	0	3,775,012	5.02
5.03	PURCHASING, RECEIVING AND STORES	0	611,988	5.03
5.04	ADMITTING	0	1,818,178	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	2,478,235	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	-2,472,535	18,645,627	5.06
7.00	OPERATION OF PLANT	0	6,035,354	7.00
7.01	OPERATION OF PLANT CC	0	169,129	7.01
8.00	LAUNDRY & LINEN SERVICE	0	866,893	8.00
9.00	HOUSEKEEPING	0	2,002,380	9.00
9.01	HOUSEKEEPING CC	0	130,277	9.01
10.00	DIETARY	-87,372	2,015,955	10.00
11.00	CAFETERIA	-1,275,757	804,075	11.00
13.00	NURSING ADMINISTRATION	-13,210	3,882,621	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	682,749	14.00
15.00	PHARMACY	0	3,811,618	15.00
16.00	MEDICAL RECORDS & LIBRARY	-23,789	2,986,442	16.00
17.00	SOCIAL SERVICE	0	738,286	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	24,748,146	30.00
31.00	INTENSIVE CARE UNIT	0	5,256,730	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
40.00	SUBPROVIDER - I/PF	0	0	40.00
41.00	SUBPROVIDER - I/PF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	1,754,809	43.00
44.00	SKILLED NURSING FACILITY	-11,966	4,075,423	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-631,000	16,975,771	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-4,307	2,482,654	52.00
53.00	ANESTHESIOLOGY	0	806,022	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-2,451,898	7,991,724	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	55.01
56.00	RADIOISOTOPE	0	0	56.00
56.02	MISC NURSING OP	0	0	56.02
57.00	CT SCAN	-705	2,179,465	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-888,138	10,647,957	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	-2,209	2,657,327	65.00
66.00	PHYSICAL THERAPY	0	4,320,416	66.00
67.00	OCCUPATIONAL THERAPY	0	711,679	67.00
68.00	SPEECH PATHOLOGY	0	371,683	68.00
69.00	ELECTROCARDIOLOGY	0	1,402,888	69.00
70.00	ELECTROENCEPHALOGRAPHY	-4,661	1,011,534	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	998,708	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	9,442,840	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	8,097,706	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	OTHER ANCILLARY	0	262,897	76.00
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
90.01	DIABETIC EDUCATION OP	0	143,577	90.01
91.00	EMERGENCY	-7,767,357	8,028,185	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A
Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
91.01	PARAMEDICS	0	0	91.01
91.02	OP TELEMETRY	0	0	91.02
91.03	OP PSYCH	0	438,425	91.03
91.04	ICU OTHER	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE	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	1,866,452	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	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-15,672,282	225,610,653	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-473,047	1	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	PHYSIATRY	0	0	192.01
193.00	NONPAID WORKERS	0	0	193.00
194.00	SPORTS & HEALTH CENTER	0	0	194.00
194.01	FOUNDATION	0	0	194.01
194.02	EMT PROGRAM	0	225,884	194.02
194.03	EMPLOYEE PHARMACY	0	177,131	194.03
200.00	TOTAL (SUM OF LINES 118-199)	-16,145,329	226,013,669	200.00

RECLASSIFICATIONS

Provider CCN: 140185

Period:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	741,398	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	741,398	
B - RECLASS DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,097,706	1.00
	TOTALS		0	8,097,706	
C - RECLASS ADMISSION CENTER					
1.00	ADULTS & PEDIATRICS	30.00	1,193,351	32,412	1.00
	TOTALS		1,193,351	32,412	
D - RECLASS DIETARY COST					
1.00	CAFETERIA	11.00	341,046	0	1.00
2.00	DIETARY	10.00	0	102,600	2.00
	TOTALS		341,046	102,600	
E - RECLASS PARAMEDIC TRNG					
1.00	EMT PROGRAM	194.02	157,197	68,687	1.00
	TOTALS		157,197	68,687	
F - RECLASS EQUIPMENT RENTAL					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,636,251	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	1,636,251	
G - RECLASS EMP MEALS TO CAFETERIA					
1.00	CAFETERIA	11.00	151,262	215,133	1.00
	TOTALS		151,262	215,133	
H - RECLASS MCC ACTIVITY THERAPY					
1.00	SKILLED NURSING FACILITY	44.00	51,493	6,660	1.00
	TOTALS		51,493	6,660	
I - DEFAULT					
1.00	ADULTS & PEDIATRICS	30.00	535,831	8,010	1.00
	TOTALS		535,831	8,010	
J - RECLASS MCC EXPENSES					
1.00	DATA PROCESSING	5.02	3,725	0	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	1,991	0	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	35,433	0	3.00
4.00	EMPLOYEE BENEFITS	4.00	11,474	0	4.00
	TOTALS		52,623	0	
K - RECLASS BLDG RENTAL					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	35,291	1.00
	TOTALS		0	35,291	
L - RECLASS BUILDING RENTAL SIHVI					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	839,630	1.00
	TOTALS		0	839,630	
M - RECLASS IPA ASSESSMENT MCC					
1.00	SKILLED NURSING FACILITY	44.00	0	59,292	1.00
	TOTALS		0	59,292	
N - RECLASS OFALLON EXPENSE					
1.00	CT SCAN	57.00	0	1,518	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,421	2.00
3.00	LABORATORY	60.00	0	14,387	3.00
4.00	PHYSICAL THERAPY	66.00	0	6,812	4.00
	TOTALS		0	26,138	
O - RECLASS PROPERTY INSURANCE					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	163,839	1.00
2.00	OTHER CAPITAL RELATED COSTS	3.00	0	5,706	2.00
	TOTALS		0	169,545	
P - RECLASS OUTSIDE AGENCY SALARY EXP					
1.00	DATA PROCESSING	5.02	0	94,769	1.00
2.00	NURSING ADMINISTRATION	13.00	0	846	2.00
3.00	OPERATION OF PLANT	7.00	0	54,736	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	25,153	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	536,792	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	513,636	6.00
7.00	SKILLED NURSING FACILITY	44.00	0	478,555	7.00
8.00	CT SCAN	57.00	0	133,171	8.00
9.00	LABORATORY	60.00	0	15,012	9.00
10.00	EMERGENCY	91.00	0	669,753	10.00
11.00	HOME HEALTH AGENCY	101.00	0	51,981	11.00

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
	TOTALS		0	2,574,404	
Q - RECLASS NURSERY EXPENSE					
1.00	NURSERY	43.00	1,449,626	305,183	1.00
	TOTALS		1,449,626	305,183	
R - RECLASS COST MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	257,310	1.00
	TOTALS		0	257,310	
S - RECLASS OT EXPENSE					
1.00	OCCUPATIONAL THERAPY	67.00	66,996	4,264	1.00
	TOTALS		66,996	4,264	
T - RECLASS EMPLOYEE PHARMACY					
1.00	EMPLOYEE PHARMACY	194.03	25,523	151,608	1.00
	TOTALS		25,523	151,608	
U - RECLASS IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	9,442,840	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	9,442,840	
V - RECLASS UNASGN PHY FEE					
1.00	CT SCAN	57.00	0	1,150	1.00
	TOTALS		0	1,150	
W - RECLASS PENSION PLAN AUDIT FEES					
1.00	EMPLOYEE BENEFITS	4.00	0	10,000	1.00
	TOTALS		0	10,000	
X - RECLASS INVENTORY					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,561,952	1.00
	TOTALS		0	1,561,952	
Y - RECLASS INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	111,095	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	58,452	2.00
	TOTALS		0	169,547	
500.00	Grand Total: Increases		4,024,948	26,517,011	500.00

RECLASSIFICATIONS

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Period:
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To 12/31/2011

Worksheet A-6

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		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - RECLASS MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	661,794	0	1.00	
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	79,604	0	2.00	
	TOTALS		0	741,398			
B - RECLASS DRUGS SOLD							
1.00	PHARMACY	15.00	0	8,097,706	0	1.00	
	TOTALS		0	8,097,706			
C - RECLASS ADMISSION CENTER							
1.00	NURSING ADMINISTRATION	13.00	1,193,351	32,412	0	1.00	
	TOTALS		1,193,351	32,412			
D - RECLASS DIETARY COST							
1.00	DIETARY	10.00	341,046	0	0	1.00	
2.00	CAFETERIA	11.00	0	102,600	0	2.00	
	TOTALS		341,046	102,600			
E - RECLASS PARAMEDIC TRNG							
1.00	PARAMEDICS	91.01	157,197	68,687	0	1.00	
	TOTALS		157,197	68,687			
F - RECLASS EQUIPMENT RENTAL							
1.00	PHARMACY	15.00	0	457,965	14	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	98,399	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	1,058,567	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	21,320	0	4.00	
	TOTALS		0	1,636,251			
G - RECLASS EMP MEALS TO CAFETERIA							
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	151,262	215,133	0	1.00	
	TOTALS		151,262	215,133			
H - RECLASS MCC ACTIVITY THERAPY							
1.00	NURSING ADMINISTRATION	13.00	51,493	6,660	0	1.00	
	TOTALS		51,493	6,660			
I - DEFAULT							
1.00	NURSING ADMINISTRATION	13.00	535,831	8,010	0	1.00	
	TOTALS		535,831	8,010			
J - RECLASS MCC EXPENSES							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	52,623	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
	TOTALS		52,623	0			
K - RECLASS BLDG RENTAL							
1.00	PHYSICAL THERAPY	66.00	0	35,291	14	1.00	
	TOTALS		0	35,291			
L - RECLASS BUILDING RENTAL SIHVI							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	839,630	14	1.00	
	TOTALS		0	839,630			
M - RECLASS IPA ASSESSMENT MCC							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	59,292	0	1.00	
	TOTALS		0	59,292			
N - RECLASS OFALLON EXPENSE							
1.00	CLINIC	90.00	0	26,138	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
	TOTALS		0	26,138			
O - RECLASS PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	169,545	3	1.00	
2.00		0.00	0	0	3	2.00	
	TOTALS		0	169,545			
P - RECLASS OUTSIDE AGENCY SALARY EXP							
1.00	DATA PROCESSING	5.02	94,769	0	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	846	0	0	2.00	
3.00	OPERATION OF PLANT	7.00	54,736	0	0	3.00	
4.00	MEDICAL RECORDS & LIBRARY	16.00	25,153	0	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	536,792	0	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	513,636	0	0	6.00	
7.00	SKILLED NURSING FACILITY	44.00	478,555	0	0	7.00	
8.00	CT SCAN	57.00	133,171	0	0	8.00	
9.00	LABORATORY	60.00	15,012	0	0	9.00	
10.00	EMERGENCY	91.00	669,753	0	0	10.00	

RECLASSIFICATIONS

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Period:
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Worksheet A-6

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.	
	6.00	7.00	8.00	9.00	10.00		
11.00	HOME HEALTH AGENCY	101.00	51,981	0		0	11.00
	TOTALS		2,574,404	0			
Q - RECLASS NURSERY EXPENSE							
1.00	ADULTS & PEDIATRICS	30.00	1,449,626	305,183		0	1.00
	TOTALS		1,449,626	305,183			
R - RECLASS COST MEDICAL SUPPLIES							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	257,310		0	1.00
	TOTALS		0	257,310			
S - RECLASS OT EXPENSE							
1.00	PHYSICAL THERAPY	66.00	66,996	4,264		0	1.00
	TOTALS		66,996	4,264			
T - RECLASS EMPLOYEE PHARMACY							
1.00	PHARMACY	15.00	25,523	151,608		0	1.00
	TOTALS		25,523	151,608			
U - RECLASS IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	7,523,140		0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,919,700		0	2.00
	TOTALS		0	9,442,840			
V - RECLASS UNASGN PHY FEE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,150		0	1.00
	TOTALS		0	1,150			
W - RECLASS PENSION PLAN AUDIT FEES							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	10,000		0	1.00
	TOTALS		0	10,000			
X - RECLASS INVENTORY							
1.00	OPERATING ROOM	50.00	0	1,561,952		0	1.00
	TOTALS		0	1,561,952			
Y - RECLASS INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	169,547		14	1.00
2.00		0.00	0	0		14	2.00
	TOTALS		0	169,547			
500.00	Grand Total: Decreases		6,599,352	23,942,607			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140185

Period:
From 01/01/2011
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Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,446,451	0	0	0	0	1.00
2.00	Land Improvements	4,945,891	192,039	0	192,039	2,379	2.00
3.00	Buildings and Fixtures	31,860,458	296,773	0	296,773	569,220	3.00
4.00	Building Improvements	17,089,316	0	0	0	649,533	4.00
5.00	Fixed Equipment	44,160,591	2,532,356	0	2,532,356	34,164	5.00
6.00	Movable Equipment	91,311,500	18,331,082	0	18,331,082	2,861,049	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	190,814,207	21,352,250	0	21,352,250	4,116,345	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	190,814,207	21,352,250	0	21,352,250	4,116,345	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	3,582,098	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	73,171	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	10,192,349	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	13,847,618	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	98,751,834	0	98,751,834	0.474654	80,475	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	2,516,745	0	2,516,745	0.012097	2,051	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	106,781,533	0	106,781,533	0.513249	87,019	2.00
3.00	Total (sum of lines 1-2)	208,050,112	0	208,050,112	1.000000	169,545	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140185

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Worksheet A-7
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,446,451	0		1.00		
2.00	Land Improvements	5,135,551	1,607,156		2.00		
3.00	Buildings and Fixtures	31,588,011	12,737,947		3.00		
4.00	Building Improvements	16,439,783	15,020,895		4.00		
5.00	Fixed Equipment	46,658,783	4,290,857		5.00		
6.00	Movable Equipment	106,781,533	35,561,228		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	208,050,112	69,218,083		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	208,050,112	69,218,083		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	3,582,098		1.00		
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	73,171		1.01		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	10,192,349		2.00		
3.00	Total (sum of lines 1-2)	0	13,847,618		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	80,475	3,582,098	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	0	2,051	73,171	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	87,019	10,192,349	0	2.00
3.00	Total (sum of lines 1-2)	0	0	169,545	13,847,618	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140185

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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	80,475	0	989,876	4,652,449	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	2,051	0	58,452	133,674	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	87,019	0	1,636,251	11,915,619	2.00
3.00	Total (sum of lines 1-2)	0	169,545	0	2,684,579	16,701,742	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140185

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
1.01 Investment income - NEW CAP REL COSTS-BLDG & FIXT CC (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT CC	1.01 1.01
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	-554,676	OTHER ADMINISTRATIVE & GENERAL	5.06 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	-41,238	COMMUNICATIONS	5.01 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	-11,621,483		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-286	RADIOLOGY-DIAGNOSTIC	54.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-1,275,757	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients		0		0.00 17.00
18.00 Sale of medical records and abstracts	B	-23,789	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines		0		0.00 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	A	3,860	NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
26.01 Depreciation - NEW CAP REL COSTS-BLDG & FIXT CC			NEW CAP REL COSTS-BLDG & FIXT CC	1.01 26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant		0		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 PRE NATAL CLASS REGISTRATION	B	-4,307	DELIVERY ROOM & LABOR ROOM	52.00 33.00
33.01 COFFEE SHOP SALES	A	-473,047	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00 33.01
33.02 SALE OF X-RAY COPIES	B	-1,612	RADIOLOGY-DIAGNOSTIC	54.00 33.02
33.03 MISC OTHER INCOME	B	-248,962	OTHER ADMINISTRATIVE & GENERAL	5.06 33.03
33.05 ADVERTISING EXPENSE	A	-963,245	OTHER ADMINISTRATIVE & GENERAL	5.06 33.05
33.07 CARDIAC SURGEON FEES	A	-631,000	OPERATING ROOM	50.00 33.07
33.08 MALPRACTICE EXPENSE	A	-110,000	OTHER ADMINISTRATIVE & GENERAL	5.06 33.08
33.09		0		0.00 33.09
33.10 MISC FOOD SERVICE REVENUE	B	-87,143	DIETARY	10.00 33.10
33.11 LOBBYING EXPENSES	A	-85,867	OTHER ADMINISTRATIVE & GENERAL	5.06 33.11
33.13		0		0.00 33.13

Provider CCN: 140185 Period: From 01/01/2011 To 12/31/2011 Worksheet A-8
 Date/Time Prepared: 5/18/2012 11:40 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center		
			1.00	2.00	
33.14 OTHER LIQUOR EXPENSE	A	-229	DIETARY	10.00	33.14
33.15 MEDICAL STAFF'S DINNER LIQUOR EXPENS	A	-3,916	OTHER ADMINISTRATIVE & GENERAL	5.06	33.15
33.17 EMPLOYEE RECOGNITION DINNER	A	-5,938	OTHER ADMINISTRATIVE & GENERAL	5.06	33.17
33.18 ELIMINATE RENTAL EXPENSE FOR VP OFC	A	-15,674	OTHER ADMINISTRATIVE & GENERAL	5.06	33.18
35.00 PATHOLOGY SLIDE FEES	B	-1,020	LABORATORY	60.00	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.)		-16,145,329			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140185

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

Worksheet A-8

Date/Time Prepared:
5/18/2012 11:40 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
1.01	Investment income - NEW CAP REL COSTS-BLDG & FIXT CC (chapter 2)	0	1.01
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	14	26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG & FIXT CC	0	26.01
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	PRE NATAL CLASS REGISTRATION	0	33.00
33.01	COFFEE SHOP SALES	0	33.01
33.02	SALE OF X-RAY COPIES	0	33.02
33.03	MISC OTHER INCOME	0	33.03
33.05	ADVERTISING EXPENSE	0	33.05
33.07	CARDIAC SURGEON FEES	0	33.07
33.08	MALPRACTICE EXPENSE	0	33.08
33.09		0	33.09
33.10	MISC FOOD SERVICE REVENUE	0	33.10
33.11	LOBBYING EXPENSES	0	33.11
33.13		0	33.13
33.14	OTHER LIQUOR EXPENSE	0	33.14
33.15	MEDICAL STAFF'S DINNER LIQUOR EXPENS	0	33.15
33.17	EMPLOYEE RECOGNITION DINNER	0	33.17
33.18	ELIMINATE RENTAL EXPENSE FOR VP OFC	0	33.18
35.00	PATHOLOGY SLIDE FEES	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

ADJUSTMENTS TO EXPENSES		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet A-8 Date/Time Prepared: 5/18/2012 11:40 am
Cost Center Description	Wkst. A-7 Ref.			
	5.00			
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		

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

Provider CCN: 140185

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

Worksheet A-8-1

Date/Time Prepared:
5/18/2012 11:40 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		5.06	OTHER ADMINISTRATIVE & GENERAL	RENT	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

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

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

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

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

6.00		E	SW ILL HEALTH V	0.00	6.00
7.00		E	MEM FOUNDATION	0.00	7.00
8.00		E	MEM CAPTIVE INS	0.00	8.00
9.00				0.00	9.00
10.00				0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140185

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

Worksheet A-8-1

Date/Time Prepared: 5/18/2012 11:40 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	839,630	839,630	0	14	1.00
2.00	0	0	0	0	2.00
3.00	0	0	0	0	3.00
4.00	0	0	0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140185

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

Worksheet A-8-2

Date/Time Prepared:
5/18/2012 11:40 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	1,044,933	0	1.00
2.00	13.00	NURSING ADMINISTRATION	31,174	0	2.00
3.00	44.00	SKILLED NURSING FACILITY	11,966	11,966	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	2,450,000	2,450,000	4.00
5.00	57.00	CT SCAN	705	705	5.00
6.00	60.00	LABORATORY	1,053,853	703,447	6.00
7.00	65.00	RESPIRATORY THERAPY	4,599	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	9,852	0	8.00
9.00	91.00	EMERGENCY	6,934,343	6,934,343	9.00
10.00	91.00	DR. A	477,430	249,705	10.00
11.00	91.00	DR. B	353,491	282,691	11.00
12.00	91.00	DR. C	224,749	185,039	12.00
200.00			12,597,095	10,817,896	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140185

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

Worksheet A-8-2

Date/Time Prepared:
5/18/2012 11:40 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	1,044,933	171,400	6,804	560,676	28,034	1.00
2.00	31,174	171,400	218	17,964	898	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	350,406	219,500	1,580	166,735	8,337	6.00
7.00	4,599	171,400	29	2,390	120	7.00
8.00	9,852	171,400	63	5,191	260	8.00
9.00	0	0	0	0	0	9.00
10.00	227,725	171,400	1,797	148,080	7,404	10.00
11.00	70,800	171,400	487	40,131	2,007	11.00
12.00	37,800	171,400	418	34,445	1,722	12.00
200.00	1,777,289		11,396	975,612	48,782	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140185

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

Worksheet A-8-2

Date/Time Prepared:
5/18/2012 11:40 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	560,676	1.00
2.00	0	0	0	0	17,964	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	166,735	6.00
7.00	0	0	0	0	2,390	7.00
8.00	0	0	0	0	5,191	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	148,080	10.00
11.00	0	0	0	0	40,131	11.00
12.00	0	0	0	0	34,445	12.00
200.00	0	0	0	0	975,612	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140185

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

Worksheet A-8-2
Date/Time Prepared:
5/18/2012 11:40 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	484,257	484,257	1.00
2.00	13,210	13,210	2.00
3.00	0	11,966	3.00
4.00	0	2,450,000	4.00
5.00	0	705	5.00
6.00	183,671	887,118	6.00
7.00	2,209	2,209	7.00
8.00	4,661	4,661	8.00
9.00	0	6,934,343	9.00
10.00	79,645	329,350	10.00
11.00	30,669	313,360	11.00
12.00	3,355	190,304	12.00
200.00	801,677	11,621,483	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	4,652,449	4,652,449				1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT CC	133,674	0	133,674			1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP	11,915,619			11,915,619		2.00
4.00 EMPLOYEE BENEFITS	40,220,530	7,197	0	6,462	40,234,189	4.00
5.01 COMMUNICATIONS	560,544	6,883	0	108,776	96,259	5.01
5.02 DATA PROCESSING	3,775,012	72,708	0	2,664,520	519,972	5.02
5.03 PURCHASING, RECEIVING AND STORES	611,988	77,003	0	77,407	218,261	5.03
5.04 ADMINISTRATION	1,818,178	16,441	0	1,191	584,121	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	2,478,235	67,772	0	12,824	452,647	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	18,645,627	360,337	30,605	61,592	2,277,098	5.06
7.00 OPERATION OF PLANT	6,035,354	656,079	0	114,477	888,945	7.00
7.01 OPERATION OF PLANT CC	169,129	0	4,144	0	28,111	7.01
8.00 LAUNDRY & LINEN SERVICE	866,893	89,236	1,501	23,505	179,828	8.00
9.00 HOUSEKEEPING	2,002,380	69,957	0	20,766	682,015	9.00
9.01 HOUSEKEEPING CC	130,277	0	2,509	977	45,935	9.01
10.00 DIETARY	2,015,955	62,334	2,364	21,893	436,588	10.00
11.00 CAFETERIA	804,075	120,221	0	33,604	554,636	11.00
13.00 NURSING ADMINISTRATION	3,882,621	55,376	0	177,863	1,413,646	13.00
14.00 CENTRAL SERVICES & SUPPLY	682,749	83,698	0	205,812	237,622	14.00
15.00 PHARMACY	3,811,618	42,452	1,372	468,941	1,141,712	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,986,442	53,768	0	51,586	870,666	16.00
17.00 SOCIAL SERVICE	738,286	15,499	1,549	0	268,578	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	24,748,146	1,027,238	0	1,321,014	9,705,406	30.00
31.00 INTENSIVE CARE UNIT	5,256,730	152,437	0	341,861	1,452,112	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
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	1,754,809	31,952	0	1,625	588,005	43.00
44.00 SKILLED NURSING FACILITY	4,075,423	0	86,413	103,868	1,268,124	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	16,975,771	406,845	0	1,515,944	4,164,322	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,482,654	76,664	0	152,634	874,209	52.00
53.00 ANESTHESIOLOGY	806,022	10,324	0	270,305	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	7,991,724	173,537	0	2,156,067	1,713,248	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.02 MISC NURSING OP	0	0	0	0	0	56.02
57.00 CT SCAN	2,179,465	72,231	0	1,008,735	292,684	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	10,647,957	212,974	0	312,477	1,858,447	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	2,657,327	29,088	188	71,021	893,306	65.00
66.00 PHYSICAL THERAPY	4,320,416	144,298	1,957	73,195	1,658,568	66.00
67.00 OCCUPATIONAL THERAPY	711,679	15,172	1,072	10,098	278,770	67.00
68.00 SPEECH PATHOLOGY	371,683	4,810	0	11,018	141,741	68.00
69.00 ELECTROCARDIOLOGY	1,402,888	70,950	0	199,689	477,807	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,011,534	49,083	0	80,239	378,676	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	998,708	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	9,442,840	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	8,097,706	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	262,897	2,273	0	4,270	92,461	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETIC EDUCATION OP	143,577	0	0	651	55,915	90.01
91.00 EMERGENCY	8,028,185	203,831	0	196,195	2,613,558	91.00
91.01 PARAMEDICS	0	0	0	0	0	91.01
91.02 OP TELEMETRY	0	0	0	0	0	91.02
91.03 OP PSYCH	438,425	35,883	0	317	0	91.03
91.04 ICU OTHER	0	0	0	0	0	91.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE	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	1,866,452	22,105	0	16,068	676,858	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	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	225,610,653	4,598,656	133,674	11,899,487	40,080,857	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	37,604	0	3,159	79,216	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 PHYSIATRY	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01 FOUNDATION	0	1,507	0	8,967	0	194.01
194.02 EMT PROGRAM	225,884	8,503	0	1,528	63,763	194.02
194.03 EMPLOYEE PHARMACY	177,131	6,179	0	2,478	10,353	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	226,013,669	4,652,449	133,674	11,915,619	40,234,189	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140185		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/18/2012 11:40 am	
Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS	772,462					5.01
5.02	DATA PROCESSING	35,475	7,067,687				5.02
5.03	PURCHASING, RECEIVING AND STORES	9,993	0	994,652			5.03
5.04	ADMINISTRATIVE	9,493	219,805	8,090	2,657,319		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	29,979	560,468	626	0	3,602,551	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	56,960	1,672,922	1,103	0	0	5.06
7.00	OPERATION OF PLANT	23,484	0	243	0	0	7.00
7.01	OPERATION OF PLANT CC	500	0	1	0	0	7.01
8.00	LAUNDRY & LINEN SERVICE	1,499	0	133	0	0	8.00
9.00	HOUSEKEEPING	1,999	0	260	0	0	9.00
9.01	HOUSEKEEPING CC	500	0	2	0	0	9.01
10.00	DIETARY	4,497	0	3,652	0	0	10.00
11.00	CAFETERIA	7,994	0	6,584	0	0	11.00
13.00	NURSING ADMINISTRATION	36,974	983,115	979	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	2,998	0	25,714	0	0	14.00
15.00	PHARMACY	16,489	0	108,640	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	28,980	538,558	2,022	0	0	16.00
17.00	SOCIAL SERVICE	6,995	0	1	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	72,450	0	122,066	2,452,665	363,599	30.00
31.00	INTENSIVE CARE UNIT	16,489	0	50,169	204,654	77,607	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
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	3,997	0	3,330	0	17,404	43.00
44.00	SKILLED NURSING FACILITY	11,992	24,030	22,445	0	17,692	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	129,908	289,775	464,082	0	485,496	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,497	0	20,025	0	30,795	52.00
53.00	ANESTHESIOLOGY	2,498	0	27,844	0	70,412	53.00
54.00	RADIOLOGY-DIAGNOSTIC	68,952	96,827	32,250	0	321,440	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	MISC NURSING OP	0	0	0	0	13,600	56.02
57.00	CT SCAN	13,990	164,677	1,629	0	429,103	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	44,969	1,198,680	9,271	0	548,894	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	8,494	0	12,466	0	159,994	65.00
66.00	PHYSICAL THERAPY	19,486	0	2,520	0	128,265	66.00
67.00	OCCUPATIONAL THERAPY	5,496	0	130	0	24,440	67.00
68.00	SPEECH PATHOLOGY	3,498	0	46	0	6,788	68.00
69.00	ELECTROCARDIOLOGY	17,987	0	1,871	0	155,718	69.00
70.00	ELECTROENCEPHALOGRAPHY	8,994	0	995	0	40,683	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	208,497	0	0	745	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	63,627	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	231,113	0	0	380,073	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	1,499	0	13	0	7	76.00
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
90.01	DIABETIC EDUCATION OP	500	0	71	0	345	90.01
91.00	EMERGENCY	43,470	590,152	56,148	0	240,697	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
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Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
91.01	PARAMEDICS	0	0	0	0	0	91.01
91.02	OP TELEMETRY	0	0	0	0	0	91.02
91.03	OP PSYCH	5,996	0	52	0	8,685	91.03
91.04	ICU OTHER	0	0	0	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE	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	9,493	151,955	1,935	0	15,484	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	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	769,464	6,930,574	987,408	2,657,319	3,601,593	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	500	0	1,107	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	137,113	0	0	0	192.00
192.01	PHYSIATRY	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	FOUNDATION	0	0	0	0	0	194.01
194.02	EMT PROGRAM	2,498	0	6,103	0	0	194.02
194.03	EMPLOYEE PHARMACY	0	0	34	0	958	194.03
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)	772,462	7,067,687	994,652	2,657,319	3,602,551	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	
		5A.05	5.06	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	23,106,244	23,106,244				5.06
7.00	OPERATION OF PLANT	7,718,582	878,961	8,597,543			7.00
7.01	OPERATION OF PLANT CC	201,885	22,990	0	224,875		7.01
8.00	LAUNDRY & LINEN SERVICE	1,162,595	132,392	226,448	3,412	1,524,847	8.00
9.00	HOUSEKEEPING	2,777,377	316,277	177,525	0	17,205	9.00
9.01	HOUSEKEEPING CC	180,200	20,520	0	5,703	0	9.01
10.00	DIETARY	2,547,283	290,074	158,179	5,374	4,473	10.00
11.00	CAFETERIA	1,527,114	173,902	305,076	0	4,514	11.00
13.00	NURSING ADMINISTRATION	6,550,574	745,953	140,522	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,238,593	141,046	212,393	0	59,404	14.00
15.00	PHARMACY	5,591,224	636,706	107,726	3,120	1,644	15.00
16.00	MEDICAL RECORDS & LIBRARY	4,532,022	516,089	136,443	0	0	16.00
17.00	SOCIAL SERVICE	1,030,908	117,396	39,330	3,522	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	39,812,584	4,533,653	2,606,751	0	516,956	30.00
31.00	INTENSIVE CARE UNIT	7,552,059	859,998	386,826	0	76,591	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
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	2,401,122	273,430	81,082	0	19,927	43.00
44.00	SKILLED NURSING FACILITY	5,609,987	638,843	0	196,432	132,031	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	24,432,143	2,782,235	1,032,419	0	212,974	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,641,478	414,677	194,545	0	51,881	52.00
53.00	ANESTHESIOLOGY	1,187,405	135,217	26,199	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	12,554,045	1,429,604	440,371	0	87,864	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	MISC NURSING OP	13,600	1,549	0	0	0	56.02
57.00	CT SCAN	4,162,514	474,010	183,294	0	37,493	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	14,833,669	1,689,199	540,448	0	3,178	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	3,831,884	436,360	73,815	427	0	65.00
66.00	PHYSICAL THERAPY	6,348,705	722,965	366,174	4,448	75,639	66.00
67.00	OCCUPATIONAL THERAPY	1,046,857	119,212	38,501	2,437	1,290	67.00
68.00	SPEECH PATHOLOGY	539,584	61,446	12,207	0	0	68.00
69.00	ELECTROCARDIOLOGY	2,326,910	264,979	180,043	0	14,061	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,570,204	178,809	124,554	0	14,229	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,207,950	137,557	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	9,506,467	1,082,558	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	8,708,892	991,734	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	363,420	41,385	5,769	0	0	76.00
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
90.01	DIABETIC EDUCATION OP	201,059	22,896	0	0	0	90.01
91.00	EMERGENCY	11,972,236	1,363,350	517,245	0	193,346	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	
		5A.05	5.06	7.00	7.01	8.00	
91.01	PARAMEDICS	0	0	0	0	0	91.01
91.02	OP TELEMETRY	0	0	0	0	0	91.02
91.03	OP PSYCH	489,358	55,726	91,057	0	12	91.03
91.04	ICU OTHER	0	0	0	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE	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	2,760,350	314,338	56,094	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	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	225,239,083	23,018,036	8,461,036	224,875	1,524,712	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	121,587	13,846	95,424	0	135	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	137,113	15,614	0	0	0	192.00
192.01	PHYSIATRY	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	FOUNDATION	10,474	1,193	3,825	0	0	194.01
194.02	EMT PROGRAM	308,279	35,106	21,577	0	0	194.02
194.03	EMPLOYEE PHARMACY	197,133	22,449	15,681	0	0	194.03
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	226,013,669	23,106,244	8,597,543	224,875	1,524,847	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

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Part I
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Cost Center Description		HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT CC						7.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	3,288,384					9.00
9.01	HOUSEKEEPING CC	3,849	210,272				9.01
10.00	DIETARY	6,360	5,238	3,016,981			10.00
11.00	CAFETERIA	24,295	0	0	2,034,901		11.00
13.00	NURSING ADMINISTRATION	29,901	0	0	61,170	7,528,120	13.00
14.00	CENTRAL SERVICES & SUPPLY	41,617	0	0	27,189	0	14.00
15.00	PHARMACY	46,498	3,040	0	50,917	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	20,474	0	0	75,405	0	16.00
17.00	SOCIAL SERVICE	6,192	3,432	0	17,716	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,334,215	0	2,125,826	625,500	4,061,896	30.00
31.00	INTENSIVE CARE UNIT	110,541	0	177,382	73,255	475,702	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
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	60,751	0	0	32,071	208,256	43.00
44.00	SKILLED NURSING FACILITY	0	191,436	713,773	98,363	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	558,338	0	0	222,014	1,441,720	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	139,773	0	0	45,775	297,228	52.00
53.00	ANESTHESIOLOGY	7,587	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	140,833	0	0	102,444	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	MISC NURSING OP	0	0	0	0	0	56.02
57.00	CT SCAN	31,715	0	0	20,197	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	99,802	0	0	127,863	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	17,656	416	0	60,970	0	65.00
66.00	PHYSICAL THERAPY	56,484	4,335	0	101,244	0	66.00
67.00	OCCUPATIONAL THERAPY	7,280	2,375	0	16,145	0	67.00
68.00	SPEECH PATHOLOGY	5,160	0	0	6,162	0	68.00
69.00	ELECTROCARDIOLOGY	38,827	0	0	26,849	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	76,511	0	0	25,849	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY	0	0	0	4,281	0	76.00
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
90.01	DIABETIC EDUCATION OP	0	0	0	2,691	0	90.01
91.00	EMERGENCY	296,700	0	0	160,664	1,043,318	91.00
91.01	PARAMEDICS	0	0	0	0	0	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

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Cost Center Description	HOUSEKEEPING	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING	
	9.00	CC 9.01	10.00	11.00	ADMINISTRATION 13.00	
91.02 OP TELEMETRY	0	0	0	0	0	91.02
91.03 OP PSYCH	86,692	0	0	0	0	91.03
91.04 ICU OTHER	0	0	0	0	0	91.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE	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	7,866	0	0	34,692	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	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,255,917	210,272	3,016,981	2,019,426	7,528,120	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,116	0	0	10,994	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 PHYSIATRY	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01 FOUNDATION	0	0	0	0	0	194.01
194.02 EMT PROGRAM	4,351	0	0	4,061	0	194.02
194.03 EMPLOYEE PHARMACY	0	0	0	420	0	194.03
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)	3,288,384	210,272	3,016,981	2,034,901	7,528,120	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140185		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/18/2012 11:40 am	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT CC						7.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING CC						9.01
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY	1,720,242					14.00
15.00	PHARMACY	0	6,440,875				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	5,280,433			16.00
17.00	SOCIAL SERVICE	0	0	0	1,218,496		17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	962	342,600	3,120,737	969,907	60,051,587	30.00
31.00	INTENSIVE CARE UNIT	967	52,595	260,325	51,472	10,077,713	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
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	714	1,606	52,804	0	3,131,763	43.00
44.00	SKILLED NURSING FACILITY	0	11,763	89,767	170,413	7,852,808	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	7,448	132,101	0	0	30,821,392	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	9,100	10,135	0	0	4,804,592	52.00
53.00	ANESTHESIOLOGY	0	41,432	0	0	1,397,840	53.00
54.00	RADIOLOGY-DIAGNOSTIC	562	11,423	0	0	14,767,146	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	MISC NURSING OP	0	0	0	0	15,149	56.02
57.00	CT SCAN	223	3,255	0	0	4,912,701	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	2,122	0	0	17,296,281	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	447	0	0	4,421,975	65.00
66.00	PHYSICAL THERAPY	27	787	0	0	7,680,808	66.00
67.00	OCCUPATIONAL THERAPY	0	80	0	0	1,234,177	67.00
68.00	SPEECH PATHOLOGY	0	87	0	0	624,646	68.00
69.00	ELECTROCARDIOLOGY	743	1,916	0	0	2,854,328	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,481	0	0	1,991,637	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,690,844	0	0	0	3,036,351	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	10,589,025	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,748,034	0	0	15,448,660	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	281	18	0	0	415,154	76.00
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
90.01	DIABETIC EDUCATION OP	0	107	0	0	226,753	90.01
91.00	EMERGENCY	7,993	61,082	1,736,734	26,704	17,379,372	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

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Part I
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
91.01	PARAMEDICS	0	0	0	0	0	91.01
91.02	OP TELEMETRY	0	0	0	0	0	91.02
91.03	OP PSYCH	0	0	0	0	722,845	91.03
91.04	ICU OTHER	0	0	0	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE	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	378	2,718	20,066	0	3,196,502	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	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,720,242	6,425,789	5,280,433	1,218,496	224,951,205	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	581	0	0	270,683	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	152,727	192.00
192.01	PHYSIATRY	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	FOUNDATION	0	0	0	0	15,492	194.01
194.02	EMT PROGRAM	0	14,505	0	0	387,879	194.02
194.03	EMPLOYEE PHARMACY	0	0	0	0	235,683	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,720,242	6,440,875	5,280,433	1,218,496	226,013,669	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC			1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	COMMUNICATIONS			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING, RECEIVING AND STORES			5.03
5.04	ADMINISTRATIVE			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	OTHER ADMINISTRATIVE & GENERAL			5.06
7.00	OPERATION OF PLANT			7.00
7.01	OPERATION OF PLANT CC			7.01
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
9.01	HOUSEKEEPING CC			9.01
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-2,276,280	57,775,307	30.00
31.00	INTENSIVE CARE UNIT	-22,429	10,055,284	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
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	3,131,763	43.00
44.00	SKILLED NURSING FACILITY	0	7,852,808	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	30,821,392	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	4,804,592	52.00
53.00	ANESTHESIOLOGY	0	1,397,840	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	14,767,146	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	55.01
56.00	RADIOISOTOPE	0	0	56.00
56.02	MISC NURSING OP	2,189,537	2,204,686	56.02
57.00	CT SCAN	0	4,912,701	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	17,296,281	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	4,421,975	65.00
66.00	PHYSICAL THERAPY	0	7,680,808	66.00
67.00	OCCUPATIONAL THERAPY	0	1,234,177	67.00
68.00	SPEECH PATHOLOGY	0	624,646	68.00
69.00	ELECTROCARDIOLOGY	0	2,854,328	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,991,637	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,036,351	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	10,589,025	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	15,448,660	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	OTHER ANCILLARY	0	415,154	76.00
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.01	DIABETIC EDUCATION OP	0	226,753	90.01
91.00	EMERGENCY	0	17,379,372	91.00
91.01	PARAMEDICS	0	0	91.01
91.02	OP TELEMETRY	86,743	86,743	91.02
91.03	OP PSYCH	0	722,845	91.03
91.04	ICU OTHER	22,429	22,429	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE	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	3,196,502	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			113.00
114.00	UTILIZATION REVIEW-SNF			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	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	224,951,205	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	270,683	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	152,727	192.00
192.01	PHYSIATRY	0	0	192.01
193.00	NONPAID WORKERS	0	0	193.00
194.00	SPORTS & HEALTH CENTER	0	0	194.00
194.01	FOUNDATION	0	15,492	194.01
194.02	EMT PROGRAM	0	387,879	194.02
194.03	EMPLOYEE PHARMACY	0	235,683	194.03
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	226,013,669	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	7,197	0	6,462	13,659
5.01	COMMUNICATIONS	0	6,883	0	108,776	115,659
5.02	DATA PROCESSING	0	72,708	0	2,664,520	2,737,228
5.03	PURCHASING, RECEIVING AND STORES	0	77,003	0	77,407	154,410
5.04	ADMINISTRATIVE	0	16,441	0	1,191	17,632
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	67,772	0	12,824	80,596
5.06	OTHER ADMINISTRATIVE & GENERAL	0	360,337	30,605	61,592	452,534
7.00	OPERATION OF PLANT	0	656,079	0	114,477	770,556
7.01	OPERATION OF PLANT CC	0	0	4,144	0	4,144
8.00	LAUNDRY & LINEN SERVICE	0	89,236	1,501	23,505	114,242
9.00	HOUSEKEEPING	0	69,957	0	20,766	90,723
9.01	HOUSEKEEPING CC	0	0	2,509	977	3,486
10.00	DIETARY	0	62,334	2,364	21,893	86,591
11.00	CAFETERIA	0	120,221	0	33,604	153,825
13.00	NURSING ADMINISTRATION	0	55,376	0	177,863	233,239
14.00	CENTRAL SERVICES & SUPPLY	0	83,698	0	205,812	289,510
15.00	PHARMACY	0	42,452	1,372	468,941	512,765
16.00	MEDICAL RECORDS & LIBRARY	0	53,768	0	51,586	105,354
17.00	SOCIAL SERVICE	0	15,499	1,549	0	17,048
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,027,238	0	1,321,014	2,348,252
31.00	INTENSIVE CARE UNIT	0	152,437	0	341,861	494,298
32.00	CORONARY CARE UNIT	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	SUBPROVIDER - IPF	0	0	0	0	0
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	31,952	0	1,625	33,577
44.00	SKILLED NURSING FACILITY	0	0	86,413	103,868	190,281
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	406,845	0	1,515,944	1,922,789
51.00	RECOVERY ROOM	0	0	0	0	0
52.00	DELIVERY ROOM & LABOR ROOM	0	76,664	0	152,634	229,298
53.00	ANESTHESIOLOGY	0	10,324	0	270,305	280,629
54.00	RADIOLOGY-DIAGNOSTIC	0	173,537	0	2,156,067	2,329,604
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	HYPERBARIC MEDICINE	0	0	0	0	0
56.00	RADIOISOTOPE	0	0	0	0	0
56.02	MISC NURSING OP	0	0	0	0	0
57.00	CT SCAN	0	72,231	0	1,008,735	1,080,966
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	0	212,974	0	312,477	525,451
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	29,088	188	71,021	100,297
66.00	PHYSICAL THERAPY	0	144,298	1,957	73,195	219,450
67.00	OCCUPATIONAL THERAPY	0	15,172	1,072	10,098	26,342
68.00	SPEECH PATHOLOGY	0	4,810	0	11,018	15,828
69.00	ELECTROCARDIOLOGY	0	70,950	0	199,689	270,639
70.00	ELECTROENCEPHALOGRAPHY	0	49,083	0	80,239	129,322
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	OTHER ANCILLARY	0	2,273	0	4,270	6,543
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETIC EDUCATION OP	0	0	0	651	651	90.01
91.00 EMERGENCY	0	203,831	0	196,195	400,026	91.00
91.01 PARAMEDICS	0	0	0	0	0	91.01
91.02 OP TELEMETRY	0	0	0	0	0	91.02
91.03 OP PSYCH	0	35,883	0	317	36,200	91.03
91.04 ICU OTHER	0	0	0	0	0	91.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE	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	22,105	0	16,068	38,173	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	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	4,598,656	133,674	11,899,487	16,631,817	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37,604	0	3,159	40,763	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 PHYSIATRY	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01 FOUNDATION	0	1,507	0	8,967	10,474	194.01
194.02 EMT PROGRAM	0	8,503	0	1,528	10,031	194.02
194.03 EMPLOYEE PHARMACY	0	6,179	0	2,478	8,657	194.03
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	4,652,449	133,674	11,915,619	16,701,742	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140185		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/18/2012 11:40 am	
Cost Center Description		EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	
		4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	13,659					4.00
5.01	COMMUNICATIONS	33	115,692				5.01
5.02	DATA PROCESSING	177	5,313	2,742,718			5.02
5.03	PURCHASING, RECEIVING AND STORES	74	1,497	0	155,981		5.03
5.04	ADMINISTRATIVE	199	1,422	85,299	1,269	105,821	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	154	4,490	217,498	98	0	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	775	8,531	649,202	173	0	5.06
7.00	OPERATION OF PLANT	302	3,517	0	38	0	7.00
7.01	OPERATION OF PLANT CC	10	75	0	0	0	7.01
8.00	LAUNDRY & LINEN SERVICE	61	224	0	21	0	8.00
9.00	HOUSEKEEPING	232	299	0	41	0	9.00
9.01	HOUSEKEEPING CC	16	75	0	0	0	9.01
10.00	DIETARY	149	673	0	573	0	10.00
11.00	CAFETERIA	189	1,197	0	1,032	0	11.00
13.00	NURSING ADMINISTRATION	481	5,538	381,512	154	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	81	449	0	4,032	0	14.00
15.00	PHARMACY	388	2,469	0	17,037	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	296	4,340	208,995	317	0	16.00
17.00	SOCIAL SERVICE	91	1,048	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,272	10,851	0	19,142	97,671	30.00
31.00	INTENSIVE CARE UNIT	494	2,469	0	7,867	8,150	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
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	200	599	0	522	0	43.00
44.00	SKILLED NURSING FACILITY	431	1,796	9,325	3,520	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,417	19,460	112,451	72,781	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	297	673	0	3,140	0	52.00
53.00	ANESTHESIOLOGY	0	374	0	4,366	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	583	10,327	37,575	5,057	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	MISC NURSING OP	0	0	0	0	0	56.02
57.00	CT SCAN	100	2,095	63,905	256	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	632	6,735	465,165	1,454	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	304	1,272	0	1,955	0	65.00
66.00	PHYSICAL THERAPY	564	2,918	0	395	0	66.00
67.00	OCCUPATIONAL THERAPY	95	823	0	20	0	67.00
68.00	SPEECH PATHOLOGY	48	524	0	7	0	68.00
69.00	ELECTROCARDIOLOGY	163	2,694	0	293	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	129	1,347	0	156	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	80,910	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	89,687	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	31	224	0	2	0	76.00
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
90.01	DIABETIC EDUCATION OP	19	75	0	11	0	90.01
91.00	EMERGENCY	889	6,510	229,017	8,805	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description		EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	
		4.00	5.01	5.02	5.03	5.04	
91.01	PARAMEDICS	0	0	0	0	0	91.01
91.02	OP TELEMETRY	0	0	0	0	0	91.02
91.03	OP PSYCH	0	898	0	8	0	91.03
91.04	ICU OTHER	0	0	0	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE	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	230	1,422	58,968	303	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	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	13,606	115,243	2,689,509	154,845	105,821	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27	75	0	174	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	53,209	0	0	192.00
192.01	PHYSIATRY	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	FOUNDATION	0	0	0	0	0	194.01
194.02	EMT PROGRAM	22	374	0	957	0	194.02
194.03	EMPLOYEE PHARMACY	4	0	0	5	0	194.03
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)	13,659	115,692	2,742,718	155,981	105,821	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140185		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/18/2012 11:40 am	
Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	
		5.05	5.06	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	302,836					5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	0	1,111,215				5.06
7.00	OPERATION OF PLANT	0	42,267	816,680			7.00
7.01	OPERATION OF PLANT CC	0	1,106	0	5,335		7.01
8.00	LAUNDRY & LINEN SERVICE	0	6,366	21,510	81	142,505	8.00
9.00	HOUSEKEEPING	0	15,209	16,863	0	1,608	9.00
9.01	HOUSEKEEPING CC	0	987	0	135	0	9.01
10.00	DIETARY	0	13,949	15,025	127	418	10.00
11.00	CAFETERIA	0	8,362	28,979	0	422	11.00
13.00	NURSING ADMINISTRATION	0	35,871	13,348	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	6,783	20,175	0	5,552	14.00
15.00	PHARMACY	0	30,618	10,233	74	154	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	24,817	12,961	0	0	16.00
17.00	SOCIAL SERVICE	0	5,645	3,736	84	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	30,591	218,107	247,615	0	48,310	30.00
31.00	INTENSIVE CARE UNIT	6,529	41,355	36,745	0	7,158	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
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	1,464	13,149	7,702	0	1,862	43.00
44.00	SKILLED NURSING FACILITY	1,489	30,720	0	4,660	12,339	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	40,846	133,790	98,069	0	19,904	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,591	19,941	18,480	0	4,849	52.00
53.00	ANESTHESIOLOGY	5,924	6,502	2,489	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	27,044	68,746	41,831	0	8,211	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	MISC NURSING OP	1,144	74	0	0	0	56.02
57.00	CT SCAN	36,102	22,794	17,411	0	3,504	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	45,920	81,229	51,337	0	297	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	13,461	20,983	7,012	10	0	65.00
66.00	PHYSICAL THERAPY	10,791	34,766	34,783	106	7,069	66.00
67.00	OCCUPATIONAL THERAPY	2,056	5,733	3,657	58	121	67.00
68.00	SPEECH PATHOLOGY	571	2,955	1,160	0	0	68.00
69.00	ELECTROCARDIOLOGY	13,101	12,742	17,102	0	1,314	69.00
70.00	ELECTROENCEPHALOGRAPHY	3,423	8,598	11,831	0	1,330	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	63	6,615	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	5,353	52,057	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	31,977	47,690	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	1	1,990	548	0	0	76.00
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
90.01	DIABETIC EDUCATION OP	29	1,101	0	0	0	90.01
91.00	EMERGENCY	20,251	65,560	49,133	0	18,069	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description		CASHIERING/ACC	OTHER	OPERATION OF	OPERATION OF	LAUNDRY &	
		OUNTS	ADMINISTRATIVE	PLANT	PLANT CC	LINEN SERVICE	
		RECEIVABLE	& GENERAL				
		5.05	5.06	7.00	7.01	8.00	
91.01	PARAMEDICS	0	0	0	0	0	91.01
91.02	OP TELEMETRY	0	0	0	0	0	91.02
91.03	OP PSYCH	731	2,680	8,650	0	0	91.03
91.04	ICU OTHER	0	0	0	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE	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	1,303	15,116	5,328	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	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	302,755	1,106,973	803,713	5,335	142,492	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	666	9,064	0	13	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	751	0	0	0	192.00
192.01	PHYSIATRY	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	FOUNDATION	0	57	363	0	0	194.01
194.02	EMT PROGRAM	0	1,688	2,050	0	0	194.02
194.03	EMPLOYEE PHARMACY	81	1,080	1,490	0	0	194.03
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)	302,836	1,111,215	816,680	5,335	142,505	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140185		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/18/2012 11:40 am	
Cost Center Description		HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT CC						7.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	124,975					9.00
9.01	HOUSEKEEPING CC	146	4,845				9.01
10.00	DIETARY	242	121	117,868			10.00
11.00	CAFETERIA	923	0	0	194,929		11.00
13.00	NURSING ADMINISTRATION	1,136	0	0	5,860	677,139	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,582	0	0	2,605	0	14.00
15.00	PHARMACY	1,767	70	0	4,877	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	778	0	0	7,223	0	16.00
17.00	SOCIAL SERVICE	235	79	0	1,697	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	50,707	0	83,052	59,921	365,360	30.00
31.00	INTENSIVE CARE UNIT	4,201	0	6,930	7,017	42,788	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
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	2,309	0	0	3,072	18,732	43.00
44.00	SKILLED NURSING FACILITY	0	4,410	27,886	9,422	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	21,220	0	0	21,267	129,680	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,312	0	0	4,385	26,735	52.00
53.00	ANESTHESIOLOGY	288	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,352	0	0	9,813	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	MISC NURSING OP	0	0	0	0	0	56.02
57.00	CT SCAN	1,205	0	0	1,935	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	3,793	0	0	12,248	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	671	10	0	5,841	0	65.00
66.00	PHYSICAL THERAPY	2,147	100	0	9,698	0	66.00
67.00	OCCUPATIONAL THERAPY	277	55	0	1,547	0	67.00
68.00	SPEECH PATHOLOGY	196	0	0	590	0	68.00
69.00	ELECTROCARDIOLOGY	1,476	0	0	2,572	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,908	0	0	2,476	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY	0	0	0	410	0	76.00
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
90.01	DIABETIC EDUCATION OP	0	0	0	258	0	90.01
91.00	EMERGENCY	11,276	0	0	15,390	93,844	91.00
91.01	PARAMEDICS	0	0	0	0	0	91.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

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Cost Center Description	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	9.00	9.01	10.00	11.00	13.00	
91.02 OP TELEMETRY	0	0	0	0	0	91.02
91.03 OP PSYCH	3,295	0	0	0	0	91.03
91.04 ICU OTHER	0	0	0	0	0	91.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE	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	299	0	0	3,323	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	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	123,741	4,845	117,868	193,447	677,139	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,069	0	0	1,053	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 PHYSIATRY	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01 FOUNDATION	0	0	0	0	0	194.01
194.02 EMT PROGRAM	165	0	0	389	0	194.02
194.03 EMPLOYEE PHARMACY	0	0	0	40	0	194.03
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)	124,975	4,845	117,868	194,929	677,139	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT CC						7.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING CC						9.01
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY	330,769					14.00
15.00	PHARMACY	0	580,452				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	365,081			16.00
17.00	SOCIAL SERVICE	0	0	0	29,663		17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	185	30,875	215,764	23,611	3,853,286	30.00
31.00	INTENSIVE CARE UNIT	186	4,740	17,998	1,253	690,178	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
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	137	145	3,651	0	87,121	43.00
44.00	SKILLED NURSING FACILITY	0	1,060	6,206	4,149	307,694	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,432	11,905	0	0	2,607,011	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,750	913	0	0	318,364	52.00
53.00	ANESTHESIOLOGY	0	3,734	0	0	304,306	53.00
54.00	RADIOLOGY-DIAGNOSTIC	108	1,029	0	0	2,545,280	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	MISC NURSING OP	0	0	0	0	1,218	56.02
57.00	CT SCAN	43	293	0	0	1,230,609	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	191	0	0	1,194,452	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	40	0	0	151,856	65.00
66.00	PHYSICAL THERAPY	5	71	0	0	322,863	66.00
67.00	OCCUPATIONAL THERAPY	0	7	0	0	40,791	67.00
68.00	SPEECH PATHOLOGY	0	8	0	0	21,887	68.00
69.00	ELECTROCARDIOLOGY	143	173	0	0	322,412	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	134	0	0	161,654	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	325,116	0	0	0	412,704	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	57,410	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	518,013	0	0	687,367	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	54	2	0	0	9,805	76.00
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
90.01	DIABETIC EDUCATION OP	0	10	0	0	2,154	90.01
91.00	EMERGENCY	1,537	5,505	120,075	650	1,046,537	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
91.01	PARAMEDICS	0	0	0	0	0	91.01
91.02	OP TELEMETRY	0	0	0	0	0	91.02
91.03	OP PSYCH	0	0	0	0	52,463	91.03
91.04	ICU OTHER	0	0	0	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE	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	73	245	1,387	0	126,170	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	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	330,769	579,093	365,081	29,663	16,555,592	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	52	0	0	52,956	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	53,960	192.00
192.01	PHYSIATRY	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	FOUNDATION	0	0	0	0	10,894	194.01
194.02	EMT PROGRAM	0	1,307	0	0	16,983	194.02
194.03	EMPLOYEE PHARMACY	0	0	0	0	11,357	194.03
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	330,769	580,452	365,081	29,663	16,701,742	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC			1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	COMMUNICATIONS			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING, RECEIVING AND STORES			5.03
5.04	ADMINISTRATIVE			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	OTHER ADMINISTRATIVE & GENERAL			5.06
7.00	OPERATION OF PLANT			7.00
7.01	OPERATION OF PLANT CC			7.01
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
9.01	HOUSEKEEPING CC			9.01
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	146,056	3,999,342	30.00
31.00	INTENSIVE CARE UNIT	-1,536	688,642	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
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	87,121	43.00
44.00	SKILLED NURSING FACILITY	0	307,694	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	2,607,011	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	318,364	52.00
53.00	ANESTHESIOLOGY	0	304,306	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,545,280	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	55.01
56.00	RADIOISOTOPE	0	0	56.00
56.02	MISC NURSING OP	140,490	141,708	56.02
57.00	CT SCAN	0	1,230,609	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	1,194,452	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	151,856	65.00
66.00	PHYSICAL THERAPY	0	322,863	66.00
67.00	OCCUPATIONAL THERAPY	0	40,791	67.00
68.00	SPEECH PATHOLOGY	0	21,887	68.00
69.00	ELECTROCARDIOLOGY	0	322,412	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	161,654	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	412,704	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	57,410	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	687,367	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	OTHER ANCILLARY	0	9,805	76.00
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.01	DIABETIC EDUCATION OP	0	2,154	90.01
91.00	EMERGENCY	0	1,046,537	91.00
91.01	PARAMEDICS	0	0	91.01
91.02	OP TELEMETRY	5,566	5,566	91.02
91.03	OP PSYCH	0	52,463	91.03
91.04	ICU OTHER	1,536	1,536	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE	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	126,170	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			113.00
114.00	UTILIZATION REVIEW-SNF			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	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	16,847,704	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	52,956	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	53,960	192.00
192.01	PHYSIATRY	0	0	192.01
193.00	NONPAID WORKERS	0	0	193.00
194.00	SPORTS & HEALTH CENTER	0	0	194.00
194.01	FOUNDATION	0	10,894	194.01
194.02	EMT PROGRAM	0	16,983	194.02
194.03	EMPLOYEE PHARMACY	0	11,357	194.03
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	16,993,854	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (PHONES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	370,428					1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT CC	0	24,935				1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP			11,938,539			2.00
4.00 EMPLOYEE BENEFITS	573	0	6,474	99,190,564		4.00
5.01 COMMUNICATIONS	548	0	108,985	237,311	1,546	5.01
5.02 DATA PROCESSING	5,789	0	2,669,646	1,281,904	71	5.02
5.03 PURCHASING, RECEIVING AND STORES	6,131	0	77,556	538,086	20	5.03
5.04 ADMINISTRATION	1,309	0	1,193	1,440,053	19	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	5,396	0	12,849	1,115,926	60	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	28,690	5,709	61,710	5,613,801	114	5.06
7.00 OPERATION OF PLANT	52,237	0	114,697	2,191,543	47	7.00
7.01 OPERATION OF PLANT CC	0	773	0	69,302	1	7.01
8.00 LAUNDRY & LINEN SERVICE	7,105	280	23,550	443,336	3	8.00
9.00 HOUSEKEEPING	5,570	0	20,806	1,681,394	4	9.00
9.01 HOUSEKEEPING CC	0	468	979	113,244	1	9.01
10.00 DIETARY	4,963	441	21,935	1,076,333	9	10.00
11.00 CAFETERIA	9,572	0	33,669	1,367,362	16	11.00
13.00 NURSING ADMINISTRATION	4,409	0	178,205	3,485,105	74	13.00
14.00 CENTRAL SERVICES & SUPPLY	6,664	0	206,208	585,818	6	14.00
15.00 PHARMACY	3,380	256	469,843	2,814,699	33	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,281	0	51,685	2,146,479	58	16.00
17.00 SOCIAL SERVICE	1,234	289	0	662,133	14	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	81,789	0	1,323,555	23,927,004	145	30.00
31.00 INTENSIVE CARE UNIT	12,137	0	342,519	3,579,937	33	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
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	2,544	0	1,628	1,449,626	8	43.00
44.00 SKILLED NURSING FACILITY	0	16,119	104,068	3,126,345	24	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	32,393	0	1,518,860	10,266,433	260	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	6,104	0	152,928	2,155,214	9	52.00
53.00 ANESTHESIOLOGY	822	0	270,825	0	5	53.00
54.00 RADIOLOGY-DIAGNOSTIC	13,817	0	2,160,215	4,223,724	138	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.02 MISC NURSING OP	0	0	0	0	0	56.02
57.00 CT SCAN	5,751	0	1,010,675	721,563	28	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	16,957	0	313,078	4,581,688	90	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	2,316	35	71,158	2,202,295	17	65.00
66.00 PHYSICAL THERAPY	11,489	365	73,336	4,088,920	39	66.00
67.00 OCCUPATIONAL THERAPY	1,208	200	10,117	687,261	11	67.00
68.00 SPEECH PATHOLOGY	383	0	11,039	349,438	7	68.00
69.00 ELECTROCARDIOLOGY	5,649	0	200,073	1,177,952	36	69.00
70.00 ELECTROENCEPHALOGRAPHY	3,908	0	80,393	933,562	18	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY	181	0	4,278	227,946	3	76.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES) 4.00	COMMUNICATIONS (PHONES) 5.01	
	NEW BLDG & FIXT (SQUARE FEET) 1.00	NEW BLDG & FIXT CC (SQUARE FEET) 1.01	NEW MVBLE EQUIP (DOLLAR VALUE) 2.00			
	90.00 CLINIC	0	0			
90.01 DIABETIC EDUCATION OP	0	0	652	137,849	1	90.01
91.00 EMERGENCY	16,229	0	196,572	6,443,286	87	91.00
91.01 PARAMEDICS	0	0	0	0	0	91.01
91.02 OP TELEMETRY	0	0	0	0	0	91.02
91.03 OP PSYCH	2,857	0	318	0	12	91.03
91.04 ICU OTHER	0	0	0	0	0	91.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE	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	1,760	0	16,099	1,668,679	19	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	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	366,145	24,935	11,922,376	98,812,551	1,540	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,994	0	3,165	195,293	1	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 PHYSIATRY	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01 FOUNDATION	120	0	8,984	0	0	194.01
194.02 EMT PROGRAM	677	0	1,531	157,197	5	194.02
194.03 EMPLOYEE PHARMACY	492	0	2,483	25,523	0	194.03
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)	4,652,449	133,674	11,915,619	40,234,189	772,462	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.559658	5.360898	0.998080	0.405625	499.652005	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				13,659	115,692	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000138	74.833118	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1
Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description		DATA PROCESSING (% RESOURCES)	PURCHASING, RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING	10,000					5.02
5.03	PURCHASING, RECEIVING AND STORES	0	8,471,555				5.03
5.04	ADMITTING	311	68,899	68,389			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	793	5,332	0	910,099,516		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	2,367	9,393	0	0	-23,106,244	5.06
7.00	OPERATION OF PLANT	0	2,069	0	0	0	7.00
7.01	OPERATION OF PLANT CC	0	12	0	0	0	7.01
8.00	LAUNDRY & LINEN SERVICE	0	1,135	0	0	0	8.00
9.00	HOUSEKEEPING	0	2,215	0	0	0	9.00
9.01	HOUSEKEEPING CC	0	16	0	0	0	9.01
10.00	DIETARY	0	31,101	0	0	0	10.00
11.00	CAFETERIA	0	56,074	0	0	0	11.00
13.00	NURSING ADMINISTRATION	1,391	8,340	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	219,010	0	0	0	14.00
15.00	PHARMACY	0	925,295	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	762	17,220	0	0	0	16.00
17.00	SOCIAL SERVICE	0	9	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	1,039,646	63,122	91,864,432	0	30.00
31.00	INTENSIVE CARE UNIT	0	427,295	5,267	19,607,705	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
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	28,363	0	4,397,093	0	43.00
44.00	SKILLED NURSING FACILITY	34	191,170	0	4,470,052	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	410	3,952,653	0	122,662,011	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	170,555	0	7,780,451	0	52.00
53.00	ANESTHESIOLOGY	0	237,147	0	17,789,855	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	137	274,675	0	81,212,789	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	MISC NURSING OP	0	0	0	3,435,963	0	56.02
57.00	CT SCAN	233	13,878	0	108,414,196	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	1,696	78,961	0	138,584,110	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	106,173	0	40,422,923	0	65.00
66.00	PHYSICAL THERAPY	0	21,466	0	32,406,554	0	66.00
67.00	OCCUPATIONAL THERAPY	0	1,111	0	6,174,795	0	67.00
68.00	SPEECH PATHOLOGY	0	389	0	1,714,972	0	68.00
69.00	ELECTROCARDIOLOGY	0	15,932	0	39,342,570	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	8,471	0	10,278,555	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	295	0	0	188,234	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,075,528	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	327	0	0	96,026,652	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	0	107	0	1,710	0	76.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description		DATA PROCESSING (% RESOURCES)	PURCHASING, RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
90.01	DIABETIC EDUCATION OP	0	604	0	87,152	0	90.01
91.00	EMERGENCY	835	478,217	0	60,812,667	0	91.00
91.01	PARAMEDICS	0	0	0	0	0	91.01
91.02	OP TELEMETRY	0	0	0	0	0	91.02
91.03	OP PSYCH	0	440	0	2,194,277	0	91.03
91.04	ICU OTHER	0	0	0	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE	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	215	16,481	0	3,912,157	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	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,806	8,409,854	68,389	909,857,403	-23,106,244	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,425	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	194	0	0	0	0	192.00
192.01	PHYSIATRY	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	FOUNDATION	0	0	0	0	0	194.01
194.02	EMT PROGRAM	0	51,984	0	0	0	194.02
194.03	EMPLOYEE PHARMACY	0	292	0	242,113	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	7,067,687	994,652	2,657,319	3,602,551		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	706.768700	0.117411	38.855942	0.003958		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,742,718	155,981	105,821	302,836		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	274.271800	0.018412	1.547339	0.000333		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	7.00	7.01	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	202,907,425					5.06
7.00	OPERATION OF PLANT	7,718,582	269,755				7.00
7.01	OPERATION OF PLANT CC	201,885	0	18,453			7.01
8.00	LAUNDRY & LINEN SERVICE	1,162,595	7,105	280	2,232,754		8.00
9.00	HOUSEKEEPING	2,777,377	5,570	0	25,193	117,892	9.00
9.01	HOUSEKEEPING CC	180,200	0	468	0	138	9.01
10.00	DIETARY	2,547,283	4,963	441	6,550	228	10.00
11.00	CAFETERIA	1,527,114	9,572	0	6,610	871	11.00
13.00	NURSING ADMINISTRATION	6,550,574	4,409	0	0	1,072	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,238,593	6,664	0	86,982	1,492	14.00
15.00	PHARMACY	5,591,224	3,380	256	2,407	1,667	15.00
16.00	MEDICAL RECORDS & LIBRARY	4,532,022	4,281	0	0	734	16.00
17.00	SOCIAL SERVICE	1,030,908	1,234	289	0	222	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	39,812,584	81,789	0	756,950	47,833	30.00
31.00	INTENSIVE CARE UNIT	7,552,059	12,137	0	112,149	3,963	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
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	2,401,122	2,544	0	29,178	2,178	43.00
44.00	SKILLED NURSING FACILITY	5,609,987	0	16,119	193,326	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	24,432,143	32,393	0	311,847	20,017	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,641,478	6,104	0	75,966	5,011	52.00
53.00	ANESTHESIOLOGY	1,187,405	822	0	0	272	53.00
54.00	RADIOLOGY-DIAGNOSTIC	12,554,045	13,817	0	128,655	5,049	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	MISC NURSING OP	13,600	0	0	0	0	56.02
57.00	CT SCAN	4,162,514	5,751	0	54,899	1,137	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	14,833,669	16,957	0	4,653	3,578	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	3,831,884	2,316	35	0	633	65.00
66.00	PHYSICAL THERAPY	6,348,705	11,489	365	110,754	2,025	66.00
67.00	OCCUPATIONAL THERAPY	1,046,857	1,208	200	1,889	261	67.00
68.00	SPEECH PATHOLOGY	539,584	383	0	0	185	68.00
69.00	ELECTROCARDIOLOGY	2,326,910	5,649	0	20,589	1,392	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,570,204	3,908	0	20,835	2,743	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,207,950	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	9,506,467	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	8,708,892	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	363,420	181	0	0	0	76.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	7.00	7.01	8.00	9.00	
90.01	DIABETIC EDUCATION OP	201,059	0	0	0	0	90.01
91.00	EMERGENCY	11,972,236	16,229	0	283,106	10,637	91.00
91.01	PARAMEDICS	0	0	0	0	0	91.01
91.02	OP TELEMETRY	0	0	0	0	0	91.02
91.03	OP PSYCH	489,358	2,857	0	18	3,108	91.03
91.04	ICU OTHER	0	0	0	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE	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	2,760,350	1,760	0	0	282	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	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	202,132,839	265,472	18,453	2,232,556	116,728	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	121,587	2,994	0	198	1,008	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	137,113	0	0	0	0	192.00
192.01	PHYSIATRY	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	FOUNDATION	10,474	120	0	0	0	194.01
194.02	EMT PROGRAM	308,279	677	0	0	156	194.02
194.03	EMPLOYEE PHARMACY	197,133	492	0	0	0	194.03
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)	23,106,244	8,597,543	224,875	1,524,847	3,288,384	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.113876	31.871672	12.186365	0.682944	27.893190	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,111,215	816,680	5,335	142,505	124,975	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.005476	3.027488	0.289113	0.063825	1.060080	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description		HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
		9.01	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT CC						7.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING CC	17,705					9.01
10.00	DIETARY	441	268,749				10.00
11.00	CAFETERIA	0	0	203,422			11.00
13.00	NURSING ADMINISTRATION	0	0	6,115	3,485,105		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	2,718	0	1,016,072	14.00
15.00	PHARMACY	256	0	5,090	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	7,538	0	0	16.00
17.00	SOCIAL SERVICE	289	0	1,771	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	189,366	62,529	1,880,434	568	30.00
31.00	INTENSIVE CARE UNIT	0	15,801	7,323	220,224	571	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
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	3,206	96,411	422	43.00
44.00	SKILLED NURSING FACILITY	16,119	63,582	9,833	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	22,194	667,437	4,399	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	4,576	137,600	5,375	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	10,241	0	332	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	MISC NURSING OP	0	0	0	0	0	56.02
57.00	CT SCAN	0	0	2,019	0	132	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	12,782	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	0	6,095	0	0	65.00
66.00	PHYSICAL THERAPY	365	0	10,121	0	16	66.00
67.00	OCCUPATIONAL THERAPY	200	0	1,614	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	616	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	2,684	0	439	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	2,584	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	998,708	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY	0	0	428	0	166	76.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description		HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
		9.01	10.00	11.00	13.00	14.00	
90.01	DIABETIC EDUCATION OP	0	0	269	0	0	90.01
91.00	EMERGENCY	0	0	16,061	482,999	4,721	91.00
91.01	PARAMEDICS	0	0	0	0	0	91.01
91.02	OP TELEMETRY	0	0	0	0	0	91.02
91.03	OP PSYCH	0	0	0	0	0	91.03
91.04	ICU OTHER	0	0	0	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE	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	3,468	0	223	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	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	17,705	268,749	201,875	3,485,105	1,016,072	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,099	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	PHYSIATRY	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	FOUNDATION	0	0	0	0	0	194.01
194.02	EMT PROGRAM	0	0	406	0	0	194.02
194.03	EMPLOYEE PHARMACY	0	0	42	0	0	194.03
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)	210,272	3,016,981	2,034,901	7,528,120	1,720,242	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.876419	11.226018	10.003348	2.160084	1.693032	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,845	117,868	194,929	677,139	330,769	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.273652	0.438580	0.958249	0.194295	0.325537	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1
Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description		PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
5.01	COMMUNICATIONS				5.01
5.02	DATA PROCESSING				5.02
5.03	PURCHASING, RECEIVING AND STORES				5.03
5.04	ADMINISTRATIVE				5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	OTHER ADMINISTRATIVE & GENERAL				5.06
7.00	OPERATION OF PLANT				7.00
7.01	OPERATION OF PLANT CC				7.01
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
9.01	HOUSEKEEPING CC				9.01
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY	9,073,769			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	10,000		16.00
17.00	SOCIAL SERVICE	0	0	18,891	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	482,647	5,910	15,037	30.00
31.00	INTENSIVE CARE UNIT	74,095	493	798	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
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	2,263	100	0	43.00
44.00	SKILLED NURSING FACILITY	16,571	170	2,642	44.00
45.00	NURSING FACILITY	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	186,101	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	14,278	0	0	52.00
53.00	ANESTHESIOLOGY	58,369	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	16,093	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	56.00
56.02	MISC NURSING OP	0	0	0	56.02
57.00	CT SCAN	4,585	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	2,989	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	630	0	0	65.00
66.00	PHYSICAL THERAPY	1,109	0	0	66.00
67.00	OCCUPATIONAL THERAPY	113	0	0	67.00
68.00	SPEECH PATHOLOGY	123	0	0	68.00
69.00	ELECTROCARDIOLOGY	2,699	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,087	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	8,097,706	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	26	0	0	76.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description		PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
90.01	DIABETIC EDUCATION OP	151	0	0	90.01
91.00	EMERGENCY	86,051	3,289	414	91.00
91.01	PARAMEDICS	0	0	0	91.01
91.02	OP TELEMETRY	0	0	0	91.02
91.03	OP PSYCH	0	0	0	91.03
91.04	ICU OTHER	0	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	OTHER REIMBURSABLE	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	3,829	38	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				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	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,052,515	10,000	18,891	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	819	0	0	190.00
191.00	RESEARCH	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	PHYSIATRY	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	193.00
194.00	SPORTS & HEALTH CENTER	0	0	0	194.00
194.01	FOUNDATION	0	0	0	194.01
194.02	EMT PROGRAM	20,435	0	0	194.02
194.03	EMPLOYEE PHARMACY	0	0	0	194.03
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,440,875	5,280,433	1,218,496	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.709835	528.043300	64.501403	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	580,452	365,081	29,663	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.063970	36.508100	1.570219	205.00

Provider CCN: 140185

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

Worksheet B-2

Date/Time Prepared:
5/18/2012 11:40 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00	MISC NURSING OP	1	56.02	2,189,537	5.00
6.00	ADULTS & PEDIATRICS	1	30.00	-2,276,280	6.00
7.00	OP TELEMETRY	1	91.02	86,743	7.00
8.00	MISC NURSING OP	2	56.02	140,490	8.00
9.00	ADULTS & PEDIATRICS	2	30.00	146,056	9.00
10.00	OP TELEMETRY	2	91.02	5,566	10.00
11.00	ICU OTHER	1	91.04	22,429	11.00
12.00	ICU	1	31.00	-22,429	12.00
13.00	ICU OTHER	2	91.04	1,536	13.00
14.00	ICU	2	31.00	-1,536	14.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2012 11:40 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		57,775,307	0	57,775,307	30.00	
31.00	INTENSIVE CARE UNIT		10,055,284	0	10,055,284	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	
40.00	SUBPROVIDER - I/PF		0	0	0	40.00	
41.00	SUBPROVIDER - I/RF		0	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		3,131,763	0	3,131,763	43.00	
44.00	SKILLED NURSING FACILITY		7,852,808	0	7,852,808	44.00	
45.00	NURSING FACILITY		0	0	0	45.00	
46.00	OTHER LONG TERM CARE		0	0	0	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		30,821,392	0	30,821,392	50.00	
51.00	RECOVERY ROOM		0	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		4,804,592	0	4,804,592	52.00	
53.00	ANESTHESIOLOGY		1,397,840	0	1,397,840	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		14,767,146	0	14,767,146	54.00	
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
55.01	HYPERBARIC MEDICINE		0	0	0	55.01	
56.00	RADIOISOTOPE		0	0	0	56.00	
56.02	MISC NURSING OP		2,204,686	0	2,204,686	56.02	
57.00	CT SCAN		4,912,701	0	4,912,701	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	LABORATORY		17,296,281	183,671	17,479,952	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00	
64.00	INTRAVENOUS THERAPY		0	0	0	64.00	
65.00	RESPIRATORY THERAPY	0	4,421,975	2,209	4,424,184	65.00	
66.00	PHYSICAL THERAPY	0	7,680,808	0	7,680,808	66.00	
67.00	OCCUPATIONAL THERAPY	0	1,234,177	0	1,234,177	67.00	
68.00	SPEECH PATHOLOGY	0	624,646	0	624,646	68.00	
69.00	ELECTROCARDIOLOGY		2,854,328	0	2,854,328	69.00	
70.00	ELECTROENCEPHALOGRAPHY		1,991,637	4,661	1,996,298	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,036,351	0	3,036,351	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		10,589,025	0	10,589,025	72.00	
73.00	DRUGS CHARGED TO PATIENTS		15,448,660	0	15,448,660	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		415,154	0	415,154	76.00	
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	
90.01	DIABETIC EDUCATION OP		226,753	0	226,753	90.01	
91.00	EMERGENCY		17,379,372	113,669	17,493,041	91.00	
91.01	PARAMEDICS		0	0	0	91.01	
91.02	OP TELEMETRY		86,743	0	86,743	91.02	
91.03	OP PSYCH		722,845	0	722,845	91.03	
91.04	ICU OTHER		22,429	0	22,429	91.04	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS		0	0	0	94.00	
95.00	AMBULANCE SERVICES		0	0	0	95.00	
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00	
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00	
98.00	OTHER REIMBURSABLE		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		3,196,502	0	3,196,502	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	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
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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	
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	0		0		0	117.00
200.00 Subtotal (see instructions)	224,951,205	0	224,951,205	304,210	225,255,415	200.00
201.00 Less Observation Beds	0		0		0	201.00
202.00 Total (see instructions)	224,951,205	0	224,951,205	304,210	225,255,415	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2012 11:40 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			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	90,672,435		90,672,435		30.00
31.00	INTENSIVE CARE UNIT	19,564,065		19,564,065		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
40.00	SUBPROVIDER - 1 PF	0		0		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	4,396,747		4,396,747		43.00
44.00	SKILLED NURSING FACILITY	4,470,052		4,470,052		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	38,754,882	83,907,129	122,662,011	0.251271	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,378,242	1,458,070	8,836,312	0.543733	52.00
53.00	ANESTHESIOLOGY	9,784,017	8,005,838	17,789,855	0.078575	53.00
54.00	RADIOLOGY-DIAGNOSTIC	29,049,065	52,163,724	81,212,789	0.181833	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	HYPERBARI C MEDICINE	0	0	0	0.000000	55.01
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
56.02	MISC NURSING OP	0	3,436,309	3,436,309	0.641585	56.02
57.00	CT SCAN	29,235,035	79,179,161	108,414,196	0.045314	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	65,683,847	67,682,827	133,366,674	0.129690	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	35,510,932	4,911,991	40,422,923	0.109393	65.00
66.00	PHYSICAL THERAPY	10,843,784	21,562,771	32,406,555	0.237014	66.00
67.00	OCCUPATIONAL THERAPY	3,872,308	2,302,487	6,174,795	0.199873	67.00
68.00	SPEECH PATHOLOGY	866,152	848,820	1,714,972	0.364231	68.00
69.00	ELECTROCARDIOLOGY	24,957,785	14,384,785	39,342,570	0.072551	69.00
70.00	ELECTROENCEPHALOGRAPHY	957,478	9,321,077	10,278,555	0.193766	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	176,139	12,095	188,234	16.130726	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	11,781,554	4,293,974	16,075,528	0.658705	72.00
73.00	DRUGS CHARGED TO PATIENTS	76,528,730	19,497,922	96,026,652	0.160879	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	OTHER ANCILLARY	1,404	306	1,710	242.780117	76.00
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	90.00
90.01	DIABETIC EDUCATION OP	208	86,944	87,152	2.601811	90.01
91.00	EMERGENCY	12,410,871	31,196,812	43,607,683	0.398539	91.00
91.01	PARAMEDICS	0	0	0	0.000000	91.01
91.02	OP TELEMETRY	0	136,136	136,136	0.637179	91.02
91.03	OP PSYCH	1,472	2,192,805	2,194,277	0.329423	91.03
91.04	ICU OTHER	0	43,640	43,640	0.513955	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	OTHER REIMBURSABLE	0	0	0	0.000000	98.00
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0		109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
110.00	0	0	0			110.00
111.00	0	0	0			111.00
112.00	0	0	0			112.00
113.00	0	0	0			113.00
114.00	0	0	0			114.00
115.00	0	0	0			115.00
116.00	0	0	0			116.00
117.00	0	0	0			117.00
200.00	476,897,204	406,625,623	883,522,827			200.00
201.00						201.00
202.00	476,897,204	406,625,623	883,522,827			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/18/2012 11:40 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		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
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.251271		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.543733		52.00
53.00	ANESTHESIOLOGY	0.078575		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.181833		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	HYPERBARI C MEDICINE	0.000000		55.01
56.00	RADIOISOTOPE	0.000000		56.00
56.02	MISC NURSING OP	0.641585		56.02
57.00	CT SCAN	0.045314		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.131067		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.109447		65.00
66.00	PHYSICAL THERAPY	0.237014		66.00
67.00	OCCUPATIONAL THERAPY	0.199873		67.00
68.00	SPEECH PATHOLOGY	0.364231		68.00
69.00	ELECTROCARDIOLOGY	0.072551		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.194220		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16.130726		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.658705		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.160879		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	OTHER ANCILLARY	242.780117		76.00
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
90.01	DIABETIC EDUCATION OP	2.601811		90.01
91.00	EMERGENCY	0.401146		91.00
91.01	PARAMEDICS	0.000000		91.01
91.02	OP TELEMETRY	0.637179		91.02
91.03	OP PSYCH	0.329423		91.03
91.04	ICU OTHER	0.513955		91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/18/2012 11:40 am
		Title XVIII	Hospital	PPS
Cost Center Description	PPS Inpatient Ratio			
	11.00			
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				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: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2012 11:40 am

		Title XIX		Hospital		Cost	
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		57,775,307		57,775,307	0	0
31.00	INTENSIVE CARE UNIT		10,055,284		10,055,284	0	0
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
40.00	SUBPROVIDER - 1PF		0		0	0	0
41.00	SUBPROVIDER - 1RF		0		0	0	0
42.00	SUBPROVIDER		0		0	0	0
43.00	NURSERY		3,131,763		3,131,763	0	0
44.00	SKILLED NURSING FACILITY		7,852,808		7,852,808	0	0
45.00	NURSING FACILITY		0		0	0	0
46.00	OTHER LONG TERM CARE		0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		30,821,392		30,821,392	0	0
51.00	RECOVERY ROOM		0		0	0	0
52.00	DELIVERY ROOM & LABOR ROOM		4,804,592		4,804,592	0	0
53.00	ANESTHESIOLOGY		1,397,840		1,397,840	0	0
54.00	RADIOLOGY-DIAGNOSTIC		14,767,146		14,767,146	0	0
55.00	RADIOLOGY-THERAPEUTIC		0		0	0	0
55.01	HYPERBARIC MEDICINE		0		0	0	0
56.00	RADIOISOTOPE		0		0	0	0
56.02	MISC NURSING OP		2,204,686		2,204,686	0	0
57.00	CT SCAN		4,912,701		4,912,701	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0		0	0	0
59.00	CARDIAC CATHETERIZATION		0		0	0	0
60.00	LABORATORY		17,296,281		17,296,281	0	0
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.		0		0	0	0
64.00	INTRAVENOUS THERAPY		0		0	0	0
65.00	RESPIRATORY THERAPY	0	4,421,975	0	4,421,975	0	0
66.00	PHYSICAL THERAPY	0	7,680,808	0	7,680,808	0	0
67.00	OCCUPATIONAL THERAPY	0	1,234,177	0	1,234,177	0	0
68.00	SPEECH PATHOLOGY	0	624,646	0	624,646	0	0
69.00	ELECTROCARDIOLOGY		2,854,328		2,854,328	0	0
70.00	ELECTROENCEPHALOGRAPHY		1,991,637		1,991,637	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,036,351		3,036,351	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT		10,589,025		10,589,025	0	0
73.00	DRUGS CHARGED TO PATIENTS		15,448,660		15,448,660	0	0
74.00	RENAL DIALYSIS		0		0	0	0
75.00	ASC (NON-DISTINCT PART)		0		0	0	0
76.00	OTHER ANCILLARY		415,154		415,154	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
90.01	DIABETIC EDUCATION OP		226,753		226,753	0	0
91.00	EMERGENCY		17,379,372		17,379,372	0	0
91.01	PARAMEDICS		0		0	0	0
91.02	OP TELEMETRY		86,743		86,743	0	0
91.03	OP PSYCH		722,845		722,845	0	0
91.04	ICU OTHER		22,429		22,429	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		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		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		3,196,502		3,196,502	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION		0		0	0	0
106.00	HEART ACQUISITION		0		0	0	0
107.00	LIVER ACQUISITION		0		0	0	0
108.00	LUNG ACQUISITION		0		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2012 11:40 am

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
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	0		0				0	117.00
200.00 Subtotal (see instructions)	224,951,205	0	224,951,205	0			0	200.00
201.00 Less Observation Beds	0		0				0	201.00
202.00 Total (see instructions)	224,951,205	0	224,951,205	0			0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140185		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/18/2012 11:40 am	
		Title XIX		Hospital		Cost	
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	90,672,435		90,672,435			30.00
31.00	INTENSIVE CARE UNIT	19,564,065		19,564,065			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
40.00	SUBPROVIDER - 1 PF	0		0			40.00
41.00	SUBPROVIDER - 1RF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	4,396,747		4,396,747			43.00
44.00	SKILLED NURSING FACILITY	4,470,052		4,470,052			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	38,754,882	83,907,129	122,662,011	0.251271	0.000000	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,378,242	1,458,070	8,836,312	0.543733	0.000000	52.00
53.00	ANESTHESIOLOGY	9,784,017	8,005,838	17,789,855	0.078575	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	29,049,065	52,163,724	81,212,789	0.181833	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	HYPERBARI C MEDICINE	0	0	0	0.000000	0.000000	55.01
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.02	MISC NURSING OP	0	3,436,309	3,436,309	0.641585	0.000000	56.02
57.00	CT SCAN	29,235,035	79,179,161	108,414,196	0.045314	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	65,683,847	67,682,827	133,366,674	0.129690	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.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	35,510,932	4,911,991	40,422,923	0.109393	0.000000	65.00
66.00	PHYSICAL THERAPY	10,843,784	21,562,771	32,406,555	0.237014	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	3,872,308	2,302,487	6,174,795	0.199873	0.000000	67.00
68.00	SPEECH PATHOLOGY	866,152	848,820	1,714,972	0.364231	0.000000	68.00
69.00	ELECTROCARDIOLOGY	24,957,785	14,384,785	39,342,570	0.072551	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	957,478	9,321,077	10,278,555	0.193766	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	176,139	12,095	188,234	16.130726	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	11,781,554	4,293,974	16,075,528	0.658705	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	76,528,730	19,497,922	96,026,652	0.160879	0.000000	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	OTHER ANCILLARY	1,404	306	1,710	242.780117	0.000000	76.00
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
90.01	DIABETIC EDUCATION OP	208	86,944	87,152	2.601811	0.000000	90.01
91.00	EMERGENCY	12,410,871	31,196,812	43,607,683	0.398539	0.000000	91.00
91.01	PARAMEDICS	0	0	0	0.000000	0.000000	91.01
91.02	OP TELEMETRY	0	136,136	136,136	0.637179	0.000000	91.02
91.03	OP PSYCH	1,472	2,192,805	2,194,277	0.329423	0.000000	91.03
91.04	ICU OTHER	0	43,640	43,640	0.513955	0.000000	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE	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
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
110.00	0	0	0			110.00
111.00	0	0	0			111.00
112.00	0	0	0			112.00
113.00	0	0	0			113.00
114.00	0	0	0			114.00
115.00	0	0	0			115.00
116.00	0	0	0			116.00
117.00	0	0	0			117.00
200.00	476,897,204	406,625,623	883,522,827			200.00
201.00						201.00
202.00	476,897,204	406,625,623	883,522,827			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/18/2012 11:40 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
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
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	HYPERBARIC MEDICINE	0.000000		55.01
56.00	RADIOISOTOPE	0.000000		56.00
56.02	MISC NURSING OP	0.000000		56.02
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	OTHER ANCILLARY	0.000000		76.00
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
90.01	DIABETIC EDUCATION OP	0.000000		90.01
91.00	EMERGENCY	0.000000		91.00
91.01	PARAMEDICS	0.000000		91.01
91.02	OP TELEMETRY	0.000000		91.02
91.03	OP PSYCH	0.000000		91.03
91.04	ICU OTHER	0.000000		91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/18/2012 11:40 am
		Title XIX	Hospital	Cost
Cost Center Description	PPS Inpatient Ratio			
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				117.00
200.00 Subtotal (see instructions)	11.00			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: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2012 11:40 am

		Title V		Hospital		
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		57,775,307	0	0	30.00
31.00	INTENSIVE CARE UNIT		10,055,284	0	0	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
40.00	SUBPROVIDER - 1PF		0	0	0	40.00
41.00	SUBPROVIDER - 1RF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		3,131,763	0	0	43.00
44.00	SKILLED NURSING FACILITY		7,852,808	0	0	44.00
45.00	NURSING FACILITY		0	0	0	45.00
46.00	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		30,821,392	0	0	50.00
51.00	RECOVERY ROOM		0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM		4,804,592	0	0	52.00
53.00	ANESTHESIOLOGY		1,397,840	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC		14,767,146	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	HYPERBARIC MEDICINE		0	0	0	55.01
56.00	RADIOISOTOPE		0	0	0	56.00
56.02	MISC NURSING OP		2,204,686	0	0	56.02
57.00	CT SCAN		4,912,701	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		17,296,281	0	0	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	4,421,975	0	0	65.00
66.00	PHYSICAL THERAPY	0	7,680,808	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	1,234,177	0	0	67.00
68.00	SPEECH PATHOLOGY	0	624,646	0	0	68.00
69.00	ELECTROCARDIOLOGY		2,854,328	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY		1,991,637	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,036,351	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		10,589,025	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS		15,448,660	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		415,154	0	0	76.00
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
90.01	DIABETIC EDUCATION OP		226,753	0	0	90.01
91.00	EMERGENCY		17,379,372	0	0	91.00
91.01	PARAMEDICS		0	0	0	91.01
91.02	OP TELEMETRY		86,743	0	0	91.02
91.03	OP PSYCH		722,845	0	0	91.03
91.04	ICU OTHER		22,429	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	AMBULANCE SERVICES		0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	OTHER REIMBURSABLE		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		3,196,502	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

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Part I
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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	
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	0		0				0	117.00	
200.00 Subtotal (see instructions)	224,951,205	0	224,951,205		0		0	200.00	
201.00 Less Observation Beds	0		0					0	201.00
202.00 Total (see instructions)	224,951,205	0	224,951,205		0		0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2012 11:40 am

		Title V			Hospital	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	90,672,435		90,672,435		30.00
31.00	INTENSIVE CARE UNIT	19,564,065		19,564,065		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
40.00	SUBPROVIDER - I PF	0		0		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	4,396,747		4,396,747		43.00
44.00	SKILLED NURSING FACILITY	4,470,052		4,470,052		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	38,754,882	83,907,129	122,662,011	0.251271	0.000000
51.00	RECOVERY ROOM	0	0	0	0.000000	0.000000
52.00	DELIVERY ROOM & LABOR ROOM	7,378,242	1,458,070	8,836,312	0.543733	0.000000
53.00	ANESTHESIOLOGY	9,784,017	8,005,838	17,789,855	0.078575	0.000000
54.00	RADIOLOGY-DIAGNOSTIC	29,049,065	52,163,724	81,212,789	0.181833	0.000000
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
55.01	HYPERBARI C MEDICINE	0	0	0	0.000000	0.000000
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000
56.02	MISC NURSING OP	0	3,436,309	3,436,309	0.641585	0.000000
57.00	CT SCAN	29,235,035	79,179,161	108,414,196	0.045314	0.000000
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00	LABORATORY	65,683,847	67,682,827	133,366,674	0.129690	0.000000
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	RESPIRATORY THERAPY	35,510,932	4,911,991	40,422,923	0.109393	0.000000
66.00	PHYSICAL THERAPY	10,843,784	21,562,771	32,406,555	0.237014	0.000000
67.00	OCCUPATIONAL THERAPY	3,872,308	2,302,487	6,174,795	0.199873	0.000000
68.00	SPEECH PATHOLOGY	866,152	848,820	1,714,972	0.364231	0.000000
69.00	ELECTROCARDIOLOGY	24,957,785	14,384,785	39,342,570	0.072551	0.000000
70.00	ELECTROENCEPHALOGRAPHY	957,478	9,321,077	10,278,555	0.193766	0.000000
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	176,139	12,095	188,234	16.130726	0.000000
72.00	IMPL. DEV. CHARGED TO PATIENT	11,781,554	4,293,974	16,075,528	0.658705	0.000000
73.00	DRUGS CHARGED TO PATIENTS	76,528,730	19,497,922	96,026,652	0.160879	0.000000
74.00	RENAL DIALYSIS	0	0	0	0.000000	0.000000
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	OTHER ANCILLARY	1,404	306	1,710	242.780117	0.000000
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	CLINIC	0	0	0	0.000000	0.000000
90.01	DIABETIC EDUCATION OP	208	86,944	87,152	2.601811	0.000000
91.00	EMERGENCY	12,410,871	31,196,812	43,607,683	0.398539	0.000000
91.01	PARAMEDICS	0	0	0	0.000000	0.000000
91.02	OP TELEMETRY	0	136,136	136,136	0.637179	0.000000
91.03	OP PSYCH	1,472	2,192,805	2,194,277	0.329423	0.000000
91.04	ICU OTHER	0	43,640	43,640	0.513955	0.000000
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000
98.00	OTHER REIMBURSABLE	0	0	0	0.000000	0.000000
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2012 11:40 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			
110.00	0	0	0			110.00
111.00	0	0	0			111.00
112.00	0	0	0			112.00
113.00	0	0	0			113.00
114.00	0	0	0			114.00
115.00	0	0	0			115.00
116.00	0	0	0			116.00
117.00	0	0	0			117.00
200.00	476,897,204	406,625,623	883,522,827			200.00
201.00						201.00
202.00	476,897,204	406,625,623	883,522,827			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/18/2012 11:40 am
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital
		11.00		
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
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	HYPERBARI C MEDICINE	0.000000		55.01
56.00	RADIOISOTOPE	0.000000		56.00
56.02	MISC NURSING OP	0.000000		56.02
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	OTHER ANCILLARY	0.000000		76.00
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
90.01	DIABETIC EDUCATION OP	0.000000		90.01
91.00	EMERGENCY	0.000000		91.00
91.01	PARAMEDICS	0.000000		91.01
91.02	OP TELEMETRY	0.000000		91.02
91.03	OP PSYCH	0.000000		91.03
91.04	ICU OTHER	0.000000		91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description	PPS Inpatient Ratio	Title V	Hospital	
	11.00			
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				117.00
200.00 Subtotal (see instructions)				200.00
201.00 Less Observation Beds				201.00
202.00 Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140185

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

Worksheet D
Part I
Date/Time Prepared:
5/18/2012 11:40 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	3,999,342	0	3,999,342	62,610	63.88	30.00
31.00	INTENSIVE CARE UNIT	688,642		688,642	5,267	130.75	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
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	87,121		87,121	3,665	23.77	43.00
44.00	SKILLED NURSING FACILITY	307,694		307,694	21,194	14.52	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	5,082,799		5,082,799	92,736		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/18/2012 11:40 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	30,515	1,949,298		30.00
31.00 INTENSIVE CARE UNIT	2,767	361,785		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
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	12,851	186,597		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	46,133	2,497,680		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140185		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/18/2012 11:40 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)	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	2,607,011	122,662,011	0.021254	15,846,813	336,808	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	318,364	8,836,312	0.036029	35,289	1,271	52.00
53.00	ANESTHESIOLOGY	304,306	17,789,855	0.017106	2,104,439	35,999	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,545,280	81,212,789	0.031341	12,355,624	387,238	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	0.000000	0	0	55.01
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.02	MISC NURSING OP	141,708	3,436,309	0.041238	0	0	56.02
57.00	CT SCAN	1,230,609	108,414,196	0.011351	14,432,232	163,820	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	1,194,452	133,366,674	0.008956	32,455,136	290,668	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.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	151,856	40,422,923	0.003757	19,749,675	74,200	65.00
66.00	PHYSICAL THERAPY	322,863	32,406,555	0.009963	3,454,758	34,420	66.00
67.00	OCCUPATIONAL THERAPY	40,791	6,174,795	0.006606	204,313	1,350	67.00
68.00	SPEECH PATHOLOGY	21,887	1,714,972	0.012762	205,176	2,618	68.00
69.00	ELECTROCARDIOLOGY	322,412	39,342,570	0.008195	12,593,967	103,208	69.00
70.00	ELECTROENCEPHALOGRAPHY	161,654	10,278,555	0.015727	437,245	6,877	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	412,704	188,234	2.192505	51,715	113,385	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	57,410	16,075,528	0.003571	6,116,684	21,843	72.00
73.00	DRUGS CHARGED TO PATIENTS	687,367	96,026,652	0.007158	34,270,647	245,309	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	OTHER ANCILLARY	9,805	1,710	5.733918	0	0	76.00
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
90.01	DIABETIC EDUCATION OP	2,154	87,152	0.024715	0	0	90.01
91.00	EMERGENCY	1,046,537	43,607,683	0.023999	5,877,002	141,042	91.00
91.01	PARAMEDICS	0	0	0.000000	0	0	91.01
91.02	OP TELEMETRY	5,566	136,136	0.040886	0	0	91.02
91.03	OP PSYCH	52,463	2,194,277	0.023909	1,310	31	91.03
91.04	ICU OTHER	1,536	43,640	0.035197	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	11,638,735	764,419,528		160,192,025	1,960,087	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140185		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/18/2012 11:40 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
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
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/18/2012 11:40 am
Title XVIII		Hospital	
		PPS	

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	62,610	0.00	30,515	0	0	30.00
31.00 INTENSIVE CARE UNIT	5,267	0.00	2,767	0	0	31.00
32.00 CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	42.00
43.00 NURSERY	3,665	0.00	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	21,194	0.00	12,851	0	0	44.00
45.00 NURSING FACILITY	0	0.00	0	0	0	45.00
200.00 Total (lines 30-199)	92,736		46,133	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/18/2012 11:40 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
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (Lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/18/2012 11:40 am
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Cost Center Description	Title XVIII				Hospital		Total Cost (sum of col 1 through col 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	PPS		
	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
55.01 HYPERBARIC MEDICINE	0	0	0	0	0	0	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
56.02 MISC NURSING OP	0	0	0	0	0	0	56.02
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							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 PATIENT	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	0	0	0	0	0	0	76.00
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
90.01 DIABETIC EDUCATION OP	0	0	0	0	0	0	90.01
91.00 EMERGENCY	0	0	0	0	0	0	91.00
91.01 PARAMEDICS	0	0	0	0	0	0	91.01
91.02 OP TELEMETRY	0	0	0	0	0	0	91.02
91.03 OP PSYCH	0	0	0	0	0	0	91.03
91.04 ICU OTHER	0	0	0	0	0	0	91.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE	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: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/18/2012 11:40 am
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	122,662,011	0.000000	0.000000	15,846,813	50.00
51.00 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	8,836,312	0.000000	0.000000	35,289	52.00
53.00 ANESTHESIOLOGY	0	17,789,855	0.000000	0.000000	2,104,439	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	81,212,789	0.000000	0.000000	12,355,624	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01 HYPERBARIC MEDICINE	0	0	0.000000	0.000000	0	55.01
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.02 MISC NURSING OP	0	3,436,309	0.000000	0.000000	0	56.02
57.00 CT SCAN	0	108,414,196	0.000000	0.000000	14,432,232	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	133,366,674	0.000000	0.000000	32,455,136	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	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	40,422,923	0.000000	0.000000	19,749,675	65.00
66.00 PHYSICAL THERAPY	0	32,406,555	0.000000	0.000000	3,454,758	66.00
67.00 OCCUPATIONAL THERAPY	0	6,174,795	0.000000	0.000000	204,313	67.00
68.00 SPEECH PATHOLOGY	0	1,714,972	0.000000	0.000000	205,176	68.00
69.00 ELECTROCARDIOLOGY	0	39,342,570	0.000000	0.000000	12,593,967	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	10,278,555	0.000000	0.000000	437,245	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	188,234	0.000000	0.000000	51,715	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	16,075,528	0.000000	0.000000	6,116,684	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	96,026,652	0.000000	0.000000	34,270,647	73.00
74.00 RENAL DIALYSIS	0	0	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	0	1,710	0.000000	0.000000	0	76.00
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
90.01 DIABETIC EDUCATION OP	0	87,152	0.000000	0.000000	0	90.01
91.00 EMERGENCY	0	43,607,683	0.000000	0.000000	5,877,002	91.00
91.01 PARAMEDICS	0	0	0.000000	0.000000	0	91.01
91.02 OP TELEMETRY	0	136,136	0.000000	0.000000	0	91.02
91.03 OP PSYCH	0	2,194,277	0.000000	0.000000	1,310	91.03
91.04 ICU OTHER	0	43,640	0.000000	0.000000	0	91.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE	0	0	0.000000	0.000000	0	98.00
200.00 Total (lines 50-199)	0	764,419,528			160,192,025	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/18/2012 11:40 am
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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	21,434,350	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	2,925	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	1,462,493	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	11,132,076	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.02 MISC NURSING OP	0	841,945	0	0	0	56.02
57.00 CT SCAN	0	18,714,411	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	2,251,091	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	1,231,714	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	828,897	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	5,754,262	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,633,424	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 PATIENT	0	2,286,350	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	5,994,129	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	0	0	0	0	0	76.00
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
90.01 DIABETIC EDUCATION OP	0	0	0	0	0	90.01
91.00 EMERGENCY	0	4,399,364	0	0	0	91.00
91.01 PARAMEDICS	0	0	0	0	0	91.01
91.02 OP TELEMETRY	0	22,806	0	0	0	91.02
91.03 OP PSYCH	0	1,949,810	0	0	0	91.03
91.04 ICU OTHER	0	0	0	0	0	91.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	79,940,047	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/18/2012 11:40 am
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 HYPERBARIC MEDICINE	0	0		55.01
56.00 RADIOISOTOPE	0	0		56.00
56.02 MISC NURSING OP	0	0		56.02
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 PATIENT	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	0	0		76.00
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
90.01 DIABETIC EDUCATION OP	0	0		90.01
91.00 EMERGENCY	0	0		91.00
91.01 PARAMEDICS	0	0		91.01
91.02 OP TELEMETRY	0	0		91.02
91.03 OP PSYCH	0	0		91.03
91.04 ICU OTHER	0	0		91.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 AMBULANCE SERVICES	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 OTHER REIMBURSABLE	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: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/18/2012 11:40 am
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		Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
		1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0.251271	21,434,350	0	0		50.00
51.00	RECOVERY ROOM	0.000000	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.543733	2,925	0	0		52.00
53.00	ANESTHESIOLOGY	0.078575	1,462,493	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.181833	11,132,076	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0		55.00
55.01	HYPERBARIC MEDICINE	0.000000	0	0	0		55.01
56.00	RADIOISOTOPE	0.000000	0	0	0		56.00
56.02	MISC NURSING OP	0.641585	841,945	0	0		56.02
57.00	CT SCAN	0.045314	18,714,411	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	0.129690	2,251,091	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.	0.000000	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0.109393	1,231,714	0	0		65.00
66.00	PHYSICAL THERAPY	0.237014	828,897	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.199873	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.364231	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.072551	5,754,262	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.193766	1,633,424	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16.130726	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.658705	2,286,350	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.160879	5,994,129	0	64,470		73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
76.00	OTHER ANCILLARY	242.780117	0	0	0		76.00
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
90.01	DIABETIC EDUCATION OP	2.601811	0	0	0		90.01
91.00	EMERGENCY	0.398539	4,399,364	0	0		91.00
91.01	PARAMEDICS	0.000000	0	0	0		91.01
91.02	OP TELEMETRY	0.637179	22,806	0	0		91.02
91.03	OP PSYCH	0.329423	1,949,810	0	0		91.03
91.04	ICU OTHER	0.513955	0	0	0		91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	AMBULANCE SERVICES	0.000000		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00	OTHER REIMBURSABLE	0.000000	0	0	0		98.00
200.00	Subtotal (see instructions)		79,940,047	0	64,470		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		79,940,047	0	64,470		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/18/2012 11:40 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	5,385,831	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,590	0	0		52.00
53.00 ANESTHESIOLOGY	114,915	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,024,179	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01 HYPERBARIC MEDICINE	0	0	0		55.01
56.00 RADIOISOTOPE	0	0	0		56.00
56.02 MISC NURSING OP	540,179	0	0		56.02
57.00 CT SCAN	848,025	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	291,944	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	134,741	0	0		65.00
66.00 PHYSICAL THERAPY	196,460	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	417,477	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	316,502	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,506,030	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	964,329	0	10,372		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	0	0	0		76.00
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
90.01 DIABETIC EDUCATION OP	0	0	0		90.01
91.00 EMERGENCY	1,753,318	0	0		91.00
91.01 PARAMEDICS	0	0	0		91.01
91.02 OP TELEMETRY	14,532	0	0		91.02
91.03 OP PSYCH	642,312	0	0		91.03
91.04 ICU OTHER	0	0	0		91.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE	0	0	0		98.00
200.00 Subtotal (see instructions)	15,152,364	0	10,372		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	15,152,364	0	10,372		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/18/2012 11:40 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.02 MISC NURSING OP	0	0	0	0	0	56.02
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 PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 OTHER ANCILLARY	0	0	0	0	0	76.00
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
90.01 DIABETIC EDUCATION OP	0	0	0	0	0	90.01
91.00 EMERGENCY	0	0	0	0	0	91.00
91.01 PARAMEDICS	0	0	0	0	0	91.01
91.02 OP TELEMETRY	0	0	0	0	0	91.02
91.03 OP PSYCH	0	0	0	0	0	91.03
91.04 ICU OTHER	0	0	0	0	0	91.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES						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	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140185 Component CCN: 145102		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/18/2012 11:40 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	122,662,011	0.000000	0.000000	0	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	8,836,312	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	17,789,855	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	81,212,789	0.000000	0.000000	123,481	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	0.000000	0.000000	0	55.01
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.02	MISC NURSING OP	0	3,436,309	0.000000	0.000000	0	56.02
57.00	CT SCAN	0	108,414,196	0.000000	0.000000	75,126	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	133,366,674	0.000000	0.000000	983,519	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	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	40,422,923	0.000000	0.000000	854,932	65.00
66.00	PHYSICAL THERAPY	0	32,406,555	0.000000	0.000000	3,526,290	66.00
67.00	OCCUPATIONAL THERAPY	0	6,174,795	0.000000	0.000000	2,496,670	67.00
68.00	SPEECH PATHOLOGY	0	1,714,972	0.000000	0.000000	310,172	68.00
69.00	ELECTROCARDIOLOGY	0	39,342,570	0.000000	0.000000	53,141	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	10,278,555	0.000000	0.000000	2,646	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	188,234	0.000000	0.000000	14,553	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	16,075,528	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	96,026,652	0.000000	0.000000	3,206,949	73.00
74.00	RENAL DIALYSIS	0	0	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	0	1,710	0.000000	0.000000	594	76.00
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
90.01	DIABETIC EDUCATION OP	0	87,152	0.000000	0.000000	0	90.01
91.00	EMERGENCY	0	43,607,683	0.000000	0.000000	0	91.00
91.01	PARAMEDICS	0	0	0.000000	0.000000	0	91.01
91.02	OP TELEMETRY	0	136,136	0.000000	0.000000	0	91.02
91.03	OP PSYCH	0	2,194,277	0.000000	0.000000	0	91.03
91.04	ICU OTHER	0	43,640	0.000000	0.000000	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	0	764,419,528			11,648,073	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140185 Component CCN: 145102		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/18/2012 11:40 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	MISC NURSING OP	0	0	0	0	0	56.02
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 PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	OTHER ANCILLARY	0	0	0	0	0	76.00
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
90.01	DIABETIC EDUCATION OP	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
91.01	PARAMEDICS	0	0	0	0	0	91.01
91.02	OP TELEMETRY	0	0	0	0	0	91.02
91.03	OP PSYCH	0	0	0	0	0	91.03
91.04	ICU OTHER	0	0	0	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE	0	0	0	0	0	98.00
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/18/2012 11:40 am PPS
Title XVIII		Skilled Nursing Facility	

Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01 HYPERBARIC MEDICINE	0	0	55.01
56.00 RADIOISOTOPE	0	0	56.00
56.02 MISC NURSING OP	0	0	56.02
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			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 PATIENT	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	0	0	76.00
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
90.01 DIABETIC EDUCATION OP	0	0	90.01
91.00 EMERGENCY	0	0	91.00
91.01 PARAMEDICS	0	0	91.01
91.02 OP TELEMETRY	0	0	91.02
91.03 OP PSYCH	0	0	91.03
91.04 ICU OTHER	0	0	91.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 AMBULANCE SERVICES			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	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: 140185 Component CCN: 145102	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/18/2012 11:40 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
			1.00	2.00	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.251271	0	0	0	50.00
51.00 RECOVERY ROOM	0.000000	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.543733	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.078575	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.181833	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
55.01 HYPERBARIC MEDICINE	0.000000	0	0	0	55.01
56.00 RADIOISOTOPE	0.000000	0	0	0	56.00
56.02 MISC NURSING OP	0.641585	0	0	0	56.02
57.00 CT SCAN	0.045314	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00 LABORATORY	0.129690	0	0	0	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0.109393	0	0	0	65.00
66.00 PHYSICAL THERAPY	0.237014	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.199873	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0.364231	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.072551	0	0	250	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.193766	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	16.130726	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.658705	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.160879	0	398	500	73.00
74.00 RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00 OTHER ANCILLARY	242.780117	0	0	0	76.00
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
90.01 DIABETIC EDUCATION OP	2.601811	0	0	0	90.01
91.00 EMERGENCY	0.398539	0	0	0	91.00
91.01 PARAMEDICS	0.000000	0	0	0	91.01
91.02 OP TELEMETRY	0.637179	0	0	0	91.02
91.03 OP PSYCH	0.329423	0	0	0	91.03
91.04 ICU OTHER	0.513955	0	0	0	91.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 AMBULANCE SERVICES	0.000000		0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00 OTHER REIMBURSABLE	0.000000	0	0	0	98.00
200.00 Subtotal (see instructions)		0	398	500	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	398	500	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140185 Component CCN: 145102		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/18/2012 11:40 am	
				Title XVIII		Skilled Nursing Facility	PPS
Cost Center Description	Costs						
	PPS Services (see instructions)	Cost Services Subject To Ded. & Co-ins. (see instructions)	Cost Services Not Subject To Ded. & Co-ins. (see instructions)				
	5.00	6.00	7.00				
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0		50.00	
51.00	RECOVERY ROOM	0	0	0		51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00	
53.00	ANESTHESIOLOGY	0	0	0		53.00	
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00	
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00	
55.01	HYPERBARIC MEDICINE	0	0	0		55.01	
56.00	RADIOISOTOPE	0	0	0		56.00	
56.02	MISC NURSING OP	0	0	0		56.02	
57.00	CT SCAN	0	0	0		57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00	
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00	
60.00	LABORATORY	0	0	0		60.00	
60.01	BLOOD LABORATORY	0	0	0		60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00	
64.00	INTRAVENOUS THERAPY	0	0	0		64.00	
65.00	RESPIRATORY THERAPY	0	0	0		65.00	
66.00	PHYSICAL THERAPY	0	0	0		66.00	
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00	
68.00	SPEECH PATHOLOGY	0	0	0		68.00	
69.00	ELECTROCARDIOLOGY	0	0	0		69.00	
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00	
73.00	DRUGS CHARGED TO PATIENTS	0	64	80		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	0	0	0		76.00	
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	
90.01	DIABETIC EDUCATION OP	0	0	0		90.01	
91.00	EMERGENCY	0	0	0		91.00	
91.01	PARAMEDICS	0	0	0		91.01	
91.02	OP TELEMETRY	0	0	0		91.02	
91.03	OP PSYCH	0	0	0		91.03	
91.04	ICU OTHER	0	0	0		91.04	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS		0	0		94.00	
95.00	AMBULANCE SERVICES		0	0		95.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00	
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00	
98.00	OTHER REIMBURSABLE	0	0	0		98.00	
200.00	Subtotal (see instructions)	0	64	80		200.00	
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00	
202.00	Net Charges (line 200 +/- line 201)	0	64	80		202.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/18/2012 11:40 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)		62,610	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		62,610	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		1,582	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		61,028	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)		30,515	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)		656	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)		57,775,307	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)		57,775,307	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		90,672,435	28.00
29.00	Private room charges (excluding swing-bed charges)		2,228,644	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		88,443,791	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.637187	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,408.75	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,449.23	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)		57,775,307	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)		922.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		28,158,632	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)		28,158,632	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/18/2012 11:40 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,055,284	5,267	1,909.11	2,767	5,282,507	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 (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					28,150,077	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					61,591,216	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)					2,311,083	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,960,087	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,271,170	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					57,320,046	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: 140185		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/18/2012 11:40 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,999,342	57,775,307	0.069222	0	0	90.00
91.00	Nursing School cost	0	57,775,307	0.000000	0	0	91.00
92.00	Allied health cost	0	57,775,307	0.000000	0	0	92.00
93.00	All other Medical Education	0	57,775,307	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 145102		Date/Time Prepared: 5/18/2012 11:40 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,194	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,194	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		2,170	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		19,024	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		12,851	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)		7,852,808	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)		7,852,808	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,470,052	28.00
29.00	Private room charges (excluding swing-bed charges)		488,376	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,981,676	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.756760	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		225.06	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		209.30	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		15.76	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		27.69	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		60,087	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,792,721	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1	
		Component CCN: 145102		Date/Time Prepared: 5/18/2012 11:40 am	
		Title XVIII	Skilled Nursing Facility	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)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
	PASS THROUGH COST ADJUSTMENTS				
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST				
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY				
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				7,792,721 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				367.69 71.00
72.00	Program routine service cost (line 9 x line 71)				4,725,184 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				4,725,184 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				4,725,184 83.00
84.00	Program inpatient ancillary services (see instructions)				2,593,965 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				7,319,149 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: 140185	Period: From 01/01/2011	Worksheet D-1
		Component CCN: 145102	To 12/31/2011	Date/Time Prepared: 5/18/2012 11:40 am
		Title XVIII	Skilled Nursing Facility	PPS

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XVIIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		44,401,337		30.00
31.00	INTENSIVE CARE UNIT		10,716,891		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
40.00	SUBPROVIDER - I PF		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	0.251271	15,846,813	3,981,845	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.543733	35,289	19,188	52.00
53.00	ANESTHESIOLOGY	0.078575	2,104,439	165,356	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.181833	12,355,624	2,246,660	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	HYPERBARIC MEDICINE	0.000000	0	0	55.01
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.02	MISC NURSING OP	0.641585	0	0	56.02
57.00	CT SCAN	0.045314	14,432,232	653,982	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	0.131067	32,455,136	4,253,797	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.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.109447	19,749,675	2,161,543	65.00
66.00	PHYSICAL THERAPY	0.237014	3,454,758	818,826	66.00
67.00	OCCUPATIONAL THERAPY	0.199873	204,313	40,837	67.00
68.00	SPEECH PATHOLOGY	0.364231	205,176	74,731	68.00
69.00	ELECTROCARDIOLOGY	0.072551	12,593,967	913,705	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.194220	437,245	84,922	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16.130726	51,715	834,200	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.658705	6,116,684	4,029,090	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.160879	34,270,647	5,513,427	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	OTHER ANCILLARY	242.780117	0	0	76.00
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
90.01	DIABETIC EDUCATION OP	2.601811	0	0	90.01
91.00	EMERGENCY	0.401146	5,877,002	2,357,536	91.00
91.01	PARAMEDICS	0.000000	0	0	91.01
91.02	OP TELEMETRY	0.637179	0	0	91.02
91.03	OP PSYCH	0.329423	1,310	432	91.03
91.04	ICU OTHER	0.513955	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		160,192,025	28,150,077	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)		160,192,025		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 145102		Date/Time Prepared: 5/18/2012 11:40 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		2,829,977		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
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	0.251271	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.543733	0	0	52.00
53.00	ANESTHESIOLOGY	0.078575	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.181833	123,481	22,453	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	HYPERBARIC MEDICINE	0.000000	0	0	55.01
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.02	MISC NURSING OP	0.641585	0	0	56.02
57.00	CT SCAN	0.045314	75,126	3,404	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	0.129690	983,519	127,553	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.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.109393	854,932	93,524	65.00
66.00	PHYSICAL THERAPY	0.237014	3,526,290	835,780	66.00
67.00	OCCUPATIONAL THERAPY	0.199873	2,496,670	499,017	67.00
68.00	SPEECH PATHOLOGY	0.364231	310,172	112,974	68.00
69.00	ELECTROCARDIOLOGY	0.072551	53,141	3,855	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.193766	2,646	513	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16.130726	14,553	234,750	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.658705	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.160879	3,206,949	515,931	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	OTHER ANCILLARY	242.780117	594	144,211	76.00
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
90.01	DIABETIC EDUCATION OP	2.601811	0	0	90.01
91.00	EMERGENCY	0.398539	0	0	91.00
91.01	PARAMEDICS	0.000000	0	0	91.01
91.02	OP TELEMETRY	0.637179	0	0	91.02
91.03	OP PSYCH	0.329423	0	0	91.03
91.04	ICU OTHER	0.513955	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		11,648,073	2,593,965	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)		11,648,073		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XIX		Hospital	
		Ratio of Cost To Charges		Inpatient Program Charges	
		1.00		2.00	
				Inpatient Program Costs (col. 1 x col. 2)	
				3.00	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		11,163,229		30.00
31.00	INTENSIVE CARE UNIT		2,151,961		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
40.00	SUBPROVIDER - I PF		0		40.00
41.00	SUBPROVIDER - I RF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		2,266,912		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.251271	3,993,247	1,003,387	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.543733	3,982,851	2,165,608	52.00
53.00	ANESTHESIOLOGY	0.078575	2,431,146	191,027	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.181833	2,576,832	468,553	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	HYPERBARIC MEDICINE	0.000000	0	0	55.01
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.02	MISC NURSING OP	0.641585	0	0	56.02
57.00	CT SCAN	0.045314	3,196,030	144,825	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	0.129690	7,601,993	985,902	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.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.109393	3,850,054	421,169	65.00
66.00	PHYSICAL THERAPY	0.237014	313,165	74,224	66.00
67.00	OCCUPATIONAL THERAPY	0.199873	23,359	4,669	67.00
68.00	SPEECH PATHOLOGY	0.364231	21,594	7,865	68.00
69.00	ELECTROCARDIOLOGY	0.072551	1,929,389	139,979	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.193766	88,179	17,086	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16.130726	27,548	444,369	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.658705	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.160879	8,913,585	1,434,009	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	OTHER ANCILLARY	242.780117	405	98,326	76.00
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
90.01	DIABETIC EDUCATION OP	2.601811	0	0	90.01
91.00	EMERGENCY	0.398539	1,076,552	429,048	91.00
91.01	PARAMEDICS	0.000000	0	0	91.01
91.02	OP TELEMETRY	0.637179	0	0	91.02
91.03	OP PSYCH	0.329423	0	0	91.03
91.04	ICU OTHER	0.513955	0	0	91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		40,025,929	8,030,046	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)		40,025,929		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/18/2012 11:40 am
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		48,130,865	1.00
2.00	Outlier payments for discharges. (see instructions)		1,581,471	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)		316.00	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)		5.73	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		15.42	31.00
32.00	Sum of lines 30 and 31		21.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.66	33.00
34.00	Disproportionate share adjustment (see instructions)		3,205,516	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		52,917,852	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)		52,917,852	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,107,209	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: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/18/2012 11:40 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)			57,025,061 59.00
60.00	Primary payer payments			64,439 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			56,960,622 61.00
62.00	Deductibles billed to program beneficiaries			5,158,178 62.00
63.00	Coinsurance billed to program beneficiaries			174,587 63.00
64.00	Allowable bad debts (see instructions)			1,035,435 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			724,805 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			799,796 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			52,352,662 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)			52,352,662 71.00
72.00	Interim payments			53,061,961 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)			-709,299 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			656,000 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/18/2012 11:40 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,372	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,152,364	2.00
3.00	PPS payments		15,845,403	3.00
4.00	Outlier payment (see instructions)		15,866	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.892	5.00
6.00	Line 2 times line 5		13,515,909	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)		10,372	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		64,470	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)		64,470	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)		64,470	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		54,098	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)		10,372	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)		15,861,269	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,719,021	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)		12,152,620	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)		12,152,620	30.00
31.00	Primary payer payments		9,200	31.00
32.00	Subtotal (line 30 minus line 31)		12,143,420	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)		602,350	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		421,645	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		495,965	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		12,565,065	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)		12,565,065	40.00
41.00	Interim payments		12,644,453	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)		-79,388	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: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/18/2012 11:40 am
		Title XVIII	Hospital
			PPS Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00 Override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/18/2012 11:40 am
		Component CCN: 145102	Title XVIII	Skilled Nursing Facility
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		144	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		144	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		898	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)		898	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)		898	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		754	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)		144	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		80	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		64	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)		64	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		64	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		64	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		64	40.00
41.00	Interim payments		100	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)		-36	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/18/2012 11:40 am
	Title XVIII	Skilled Nursing Facility	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140185

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

Worksheet E-1
Part I
Date/Time Prepared:
5/18/2012 11:40 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		52,738,557		12,677,784	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		08/03/2011	324,848		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	08/03/2011	1,444	08/03/2011	33,331	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)		323,404		-33,331	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)		53,061,961		12,644,453	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		709,299		79,388	6.02
7.00	Total Medicare program liability (see instructions)		52,352,662		12,565,065	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140185

Period: From 01/01/2011

Worksheet E-1

Component CCN: 145102

To 12/31/2011

Part I
Date/Time Prepared:
5/18/2012 11:40 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,734,843		100	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,734,843		100	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		52,583		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		36	6.02
7.00	Total Medicare program liability (see instructions)		4,787,426		64	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VI Date/Time Prepared: 5/18/2012 11:40 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		5,441,426	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		5,441,426	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		706,583	7.00
8.00	Allowable bad debts (see instructions)		56,149	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		44,263	9.00
10.00	Allowable reimbursable bad debts (see instructions)		52,583	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		4,787,426	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		4,787,426	15.00
16.00	Interim payments		4,734,843	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		52,583	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

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

Provider CCN: 140185

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

Worksheet G

Date/Time Prepared:
5/18/2012 11:40 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	6,653,787	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	60,420,847	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,949,310	0	0	0	6.00
7.00	Inventory	3,169,187	0	0	0	7.00
8.00	Prepaid expenses	6,961,109	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)	63,255,620	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,486,451	0	0	0	12.00
13.00	Land improvements	5,173,013	0	0	0	13.00
14.00	Accumulated depreciation	-3,472,036	0	0	0	14.00
15.00	Buildings	31,610,170	0	0	0	15.00
16.00	Accumulated depreciation	-27,911,147	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	63,192,216	0	0	0	19.00
20.00	Accumulated depreciation	-36,256,665	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	107,833,294	0	0	0	23.00
24.00	Accumulated depreciation	-67,160,775	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)	74,494,521	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	43,452,975	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	15,989,894	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	59,442,869	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	197,193,010	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	20,221,224	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,445,091	0	0	0	38.00
39.00	Payroll taxes payable	274,846	0	0	0	39.00
40.00	Notes and loans payable (short term)	322,837	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,263,998	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	35,190,883	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	35,190,883	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	68,454,881	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	128,738,129				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)	128,738,129	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	197,193,010	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140185

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

Worksheet G-1

Date/Time Prepared:
5/18/2012 11:40 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		119,667,847		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		18,786,620			2.00
3.00	Total (sum of line 1 and line 2)		138,454,467		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		138,454,467		0	11.00
12.00	TRANSFER TO AFFILIATE	9,716,338		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)		9,716,338		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		128,738,129		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140185

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

Worksheet G-1

Date/Time Prepared:
5/18/2012 11:40 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140185

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

Worksheet G-2 Parts

Date/Time Prepared:
5/18/2012 11:40 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	90,672,435		90,672,435	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	4,470,052		4,470,052	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	95,142,487		95,142,487	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,564,065		19,564,065	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 (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	19,564,065		19,564,065	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	114,706,552		114,706,552	17.00
18.00	Ancillary services	351,263,917	379,162,111	730,426,028	18.00
19.00	Outpatient services	17,428,305	43,384,362	60,812,667	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		3,912,157	3,912,157	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		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)	483,398,774	426,458,630	909,857,404	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		242,158,998		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)		242,158,998		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140185

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

Worksheet G-3

Date/Time Prepared:
5/18/2012 11:40 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	909,857,404	1.00
2.00	Less contractual allowances and discounts on patients' accounts	653,277,577	2.00
3.00	Net patient revenues (line 1 minus line 2)	256,579,827	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	242,158,998	4.00
5.00	Net income from service to patients (line 3 minus line 4)	14,420,829	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	663,174	6.00
7.00	Income from investments	920,211	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	554,676	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	871,549	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	250,370	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	23,789	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	925,616	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	156,406	24.00
25.00	Total other income (sum of lines 6-24)	4,365,791	25.00
26.00	Total (line 5 plus line 25)	18,786,620	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)	18,786,620	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140185

Period: From 01/01/2011

Worksheet H

HHA CCN: 147443

To 12/31/2011

Date/Time Prepared:
5/18/2012 11:40 am

Home Health
Agency I

PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	452,425	0	450	0	31,407	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	811,043	0	40,560	4,765	0	6.00
7.00	Physical Therapy	344,495	0	34,219	51,981	0	7.00
8.00	Occupational Therapy	29,411	0	1,357	0	0	8.00
9.00	Speech Pathology	6,797	0	387	0	0	9.00
10.00	Medical Social Services	6,513	0	471	0	0	10.00
11.00	Home Health Aide	17,996	0	2,570	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	29,605	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,668,680	0	80,014	56,746	61,012	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140185

Period: From 01/01/2011

Worksheet H

HHA CCN: 147443

To 12/31/2011

Date/Time Prepared: 5/18/2012 11:40 am

Home Health Agency I

PPS

	Total (sum of col.s. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	484,282	0	484,282	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	856,368	0	856,368	0	6.00
7.00	Physical Therapy	430,695	0	430,695	0	7.00
8.00	Occupational Therapy	30,768	0	30,768	0	8.00
9.00	Speech Pathology	7,184	0	7,184	0	9.00
10.00	Medical Social Services	6,984	0	6,984	0	10.00
11.00	Home Health Aide	20,566	0	20,566	0	11.00
12.00	Supplies (see instructions)	29,605	0	29,605	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,866,452	0	1,866,452	0	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 140185	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 5/18/2012 11:40 am
	HHA CCN: 147443	To 12/31/2011	
		Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	484,282	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	856,368	0	0	0	6.00
7.00	Physical Therapy	430,695	0	0	0	7.00
8.00	Occupational Therapy	30,768	0	0	0	8.00
9.00	Speech Pathology	7,184	0	0	0	9.00
10.00	Medical Social Services	6,984	0	0	0	10.00
11.00	Home Health Aide	20,566	0	0	0	11.00
12.00	Supplies (see instructions)	29,605	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,866,452	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140185	Period: From 01/01/2011	Worksheet H-1
		HHA CCN: 147443	To 12/31/2011	Part I
			Home Health Agency I	Date/Time Prepared: 5/18/2012 11:40 am
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	Subtotal (col s. 0-4)	Administrative & General	Total (col s. 4A + 5)	
	4A.00	5.00	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	484,282	484,282	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	856,368	300,053	1,156,421
7.00	Physical Therapy	430,695	150,906	581,601
8.00	Occupational Therapy	30,768	10,780	41,548
9.00	Speech Pathology	7,184	2,517	9,701
10.00	Medical Social Services	6,984	2,447	9,431
11.00	Home Health Aide	20,566	7,206	27,772
12.00	Supplies (see instructions)	29,605	10,373	39,978
13.00	Drugs	0	0	0
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others (specify)	0	0	0
24.00	Total (sum of lines 1-23)	1,382,170		1,866,452

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140185

Period:

Worksheet H-1

HHA CCN: 147443

From 01/01/2011
To 12/31/2011

Part II
Date/Time Prepared:
5/18/2012 11:40 am

Home Health
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PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-484,282	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-484,282	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140185	Period: From 01/01/2011	Worksheet H-1 Part II Date/Time Prepared: 5/18/2012 11:40 am
	HHA CCN: 147443	To 12/31/2011	
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	1,382,170	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	856,368	6.00
7.00	Physical Therapy	430,695	7.00
8.00	Occupational Therapy	30,768	8.00
9.00	Speech Pathology	7,184	9.00
10.00	Medical Social Services	6,984	10.00
11.00	Home Health Aide	20,566	11.00
12.00	Supplies (see instructions)	29,605	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	1,382,170	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	484,282	25.00
26.00	Unit Cost Multiplier	0.350378	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140185

Period:

Worksheet H-2

HHA CCN: 147443

From 01/01/2011

Part I

To 12/31/2011

Date/Time Prepared:

Home Health Agency I

5/18/2012 11:40 am

PPS

		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS	
HHA Trial Balance (1)		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP			
0		1.00	1.01	2.00	4.00		
1.00	Administrative and General	0	22,105	0	16,068	183,515	1.00
2.00	Skilled Nursing Care	1,156,421	0	0	0	328,979	2.00
3.00	Physical Therapy	581,601	0	0	0	139,735	3.00
4.00	Occupational Therapy	41,548	0	0	0	11,930	4.00
5.00	Speech Pathology	9,701	0	0	0	2,757	5.00
6.00	Medical Social Services	9,431	0	0	0	2,642	6.00
7.00	Home Health Aide	27,772	0	0	0	7,300	7.00
8.00	Supplies (see instructions)	39,978	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,866,452	22,105	0	16,068	676,858	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140185

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 147443

To 12/31/2011

Part I
Date/Time Prepared:
5/18/2012 11:40 am

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PPS

		COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	9,493	151,955	1,935	0	15,484	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	9,493	151,955	1,935	0	15,484	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140185

Period:

Worksheet H-2

HHA CCN: 147443

From 01/01/2011

Part I

To 12/31/2011

Date/Time Prepared:

Home Health Agency I

PPS

		Subtotal	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	
		5A.05	5.06	7.00	7.01	8.00	
1.00	Administrative and General	400,555	45,614	56,094	0	0	1.00
2.00	Skilled Nursing Care	1,485,400	169,150	0	0	0	2.00
3.00	Physical Therapy	721,336	82,143	0	0	0	3.00
4.00	Occupational Therapy	53,478	6,090	0	0	0	4.00
5.00	Speech Pathology	12,458	1,419	0	0	0	5.00
6.00	Medical Social Services	12,073	1,375	0	0	0	6.00
7.00	Home Health Aide	35,072	3,994	0	0	0	7.00
8.00	Supplies (see instructions)	39,978	4,553	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	2,760,350	314,338	56,094	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000					21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140185 HHA CCN: 147443		Period: From 01/01/2011 To 12/31/2011		Worksheet H-2 Part I Date/Time Prepared: 5/18/2012 11:40 am	
				Home Health Agency I		PPS	
		HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
1.00	Administrative and General	7,866	0	0	34,692	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	7,866	0	0	34,692	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140185

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 147443

To 12/31/2011

Part I
Date/Time Prepared:
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Home Health Agency I

PPS

	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
	14.00	15.00	16.00	17.00	24.00	
1.00 Administrative and General	378	2,718	20,066	0	567,983	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,654,550	2.00
3.00 Physical Therapy	0	0	0	0	803,479	3.00
4.00 Occupational Therapy	0	0	0	0	59,568	4.00
5.00 Speech Pathology	0	0	0	0	13,877	5.00
6.00 Medical Social Services	0	0	0	0	13,448	6.00
7.00 Home Health Aide	0	0	0	0	39,066	7.00
8.00 Supplies (see instructions)	0	0	0	0	44,531	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	378	2,718	20,066	0	3,196,502	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140185

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 147443

To 12/31/2011

Part I
Date/Time Prepared:
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	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	567,983			1.00
2.00 Skilled Nursing Care	0	1,654,550	357,522	2,012,072	2.00
3.00 Physical Therapy	0	803,479	173,620	977,099	3.00
4.00 Occupational Therapy	0	59,568	12,872	72,440	4.00
5.00 Speech Pathology	0	13,877	2,999	16,876	5.00
6.00 Medical Social Services	0	13,448	2,906	16,354	6.00
7.00 Home Health Aide	0	39,066	8,442	47,508	7.00
8.00 Supplies (see instructions)	0	44,531	9,622	54,153	8.00
9.00 Drugs	0	0	0	0	9.00
10.00 DME	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	3,196,502	567,983	3,196,502	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.216085		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/18/2012 11:40 am PPS
		Home Health Agency I	

		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (PHONES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00	4.00	5.01	
1.00	Administrative and General	1,760	0	16,099	452,425	19	1.00
2.00	Skilled Nursing Care	0	0	0	811,043	0	2.00
3.00	Physical Therapy	0	0	0	344,494	0	3.00
4.00	Occupational Therapy	0	0	0	29,411	0	4.00
5.00	Speech Pathology	0	0	0	6,797	0	5.00
6.00	Medical Social Services	0	0	0	6,513	0	6.00
7.00	Home Health Aide	0	0	0	17,996	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,760	0	16,099	1,668,679	19	20.00
21.00	Total cost to be allocated	22,105	0	16,068	676,858	9,493	21.00
22.00	Unit cost multiplier	12.559659	0.000000	0.998074	0.405625	499.631579	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140185
HHA CCN: 147443

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

Worksheet H-2
Part II
Date/Time Prepared:
5/18/2012 11:40 am

		Home Health Agency I		PPS			
	DATA PROCESSING (% RESOURCES)	PURCHASING, RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation		
	5.02	5.03	5.04	5.05	5A.06		
1.00	Administrative and General	215	16,481	0	3,912,157	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	215	16,481	0	3,912,157	0	20.00
21.00	Total cost to be allocated	151,955	1,935	0	15,484	0	21.00
22.00	Unit cost multiplier	706.767442	0.117408	0.000000	0.003958	0	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/18/2012 11:40 am PPS
		Home Health Agency I	

	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	5.06	7.00	7.01	8.00	9.00	
1.00 Administrative and General	400,555	1,760	0	0	282	1.00
2.00 Skilled Nursing Care	1,485,400	0	0	0	0	2.00
3.00 Physical Therapy	721,336	0	0	0	0	3.00
4.00 Occupational Therapy	53,478	0	0	0	0	4.00
5.00 Speech Pathology	12,458	0	0	0	0	5.00
6.00 Medical Social Services	12,073	0	0	0	0	6.00
7.00 Home Health Aide	35,072	0	0	0	0	7.00
8.00 Supplies (see instructions)	39,978	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,760,350	1,760	0	0	282	20.00
21.00 Total cost to be allocated	314,338	56,094	0	0	7,866	21.00
22.00 Unit cost multiplier	0.113876	31.871591	0.000000	0.000000	27.893617	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140185
HHA CCN: 147443

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

Worksheet H-2
Part II
Date/Time Prepared:
5/18/2012 11:40 am

		Home Health Agency I		PPS			
		HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	
		9.01	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	3,468	0	223	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	3,468	0	223	20.00
21.00	Total cost to be allocated	0	0	34,692	0	378	21.00
22.00	Unit cost multiplier	0.000000	0.000000	10.003460	0.000000	1.695067	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/18/2012 11:40 am PPS
		Home Health Agency I	

	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
	15.00	16.00	17.00	
1.00 Administrative and General	3,829	38	0	1.00
2.00 Skilled Nursing Care	0	0	0	2.00
3.00 Physical Therapy	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	4.00
5.00 Speech Pathology	0	0	0	5.00
6.00 Medical Social Services	0	0	0	6.00
7.00 Home Health Aide	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	8.00
9.00 Drugs	0	0	0	9.00
10.00 DME	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	13.00
14.00 Clinic	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	15.00
16.00 Day Care Program	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	17.00
18.00 Homemaker Service	0	0	0	18.00
19.00 All Others (specify)	0	0	0	19.00
20.00 Total (sum of lines 1-19)	3,829	38	0	20.00
21.00 Total cost to be allocated	2,718	20,066	0	21.00
22.00 Unit cost multiplier	0.709846	528.052632	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/18/2012 11:40 am		
		HHA CCN: 147443	Title XVIII	Home Health Agency I	PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
	0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	2.00	2,012,072		2,012,072	6,436 1.00
2.00	Physical Therapy	3.00	977,099	0	977,099	5,378 2.00
3.00	Occupational Therapy	4.00	72,440	0	72,440	224 3.00
4.00	Speech Pathology	5.00	16,876	0	16,876	77 4.00
5.00	Medical Social Services	6.00	16,354		16,354	49 5.00
6.00	Home Health Aide	7.00	47,508		47,508	518 6.00
7.00	Total (sum of lines 1-6)		3,142,349	0	3,142,349	12,682 7.00
Program Visits						
Part B						
Not Subject to Deductibles & Coinsurance						
Subject to Deductibles						
	0	1.00	2.00	3.00	4.00	
Limitation Cost Computation						
8.00	Skilled Nursing Care		41180	2,292	774	8.00
9.00	Physical Therapy		41180	2,084	606	9.00
10.00	Occupational Therapy		41180	81	14	10.00
11.00	Speech Pathology		41180	47	0	11.00
12.00	Medical Social Services		41180	17	9	12.00
13.00	Home Health Aide		41180	93	253	13.00
14.00	Total (sum of lines 8-13)			4,614	1,656	14.00
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	8.00	54,153	0	54,153	24,675 15.00
16.00	Cost of Drugs	9.00	0	0	0	0 16.00
Cost to Charge Ratio						
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy		66.00	0.237014	0	0 1.00
2.00	Occupational Therapy		67.00	0.199873	0	0 2.00
3.00	Speech Pathology		68.00	0.364231	0	0 3.00
4.00	Cost of Medical Supplies		71.00	16.130726	0	0 4.00
5.00	Cost of Drugs		73.00	0.160879	0	0 5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140185

Period: From 01/01/2011

Worksheet H-3

HHA CCN: 147443

To 12/31/2011

Parts I-III
Date/Time Prepared:
5/18/2012 11:40 am

Title XVIII

Home Health Agency I

PPS

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	312.63	2,292	774		1.00
2.00	Physical Therapy	181.68	2,084	606		2.00
3.00	Occupational Therapy	323.39	81	14		3.00
4.00	Speech Pathology	219.17	47	0		4.00
5.00	Medical Social Services	333.76	17	9		5.00
6.00	Home Health Aide	91.71	93	253		6.00
7.00	Total (sum of lines 1-6)		4,614	1,656		7.00
Cost Center Description						
		5.00	6.00	7.00	8.00	9.00
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00	8.00	
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	2.194650	11,580	7,680	0	15.00
16.00	Cost of Drugs	0.000000	0	0	0	16.00
Cost Center Description						
			Transfer to Part I as Indicated			
			4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	col. 2, line 2.00				1.00
2.00	Occupational Therapy	col. 2, line 3.00				2.00
3.00	Speech Pathology	col. 2, line 4.00				3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00				4.00
5.00	Cost of Drugs	col. 2, line 16.00				5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 140185	Period: From 01/01/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/18/2012 11:40 am
	HHA CCN: 147443	To 12/31/2011	
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	716,548	241,976		958,524	1.00
2.00	Physical Therapy	378,621	110,098		488,719	2.00
3.00	Occupational Therapy	26,195	4,527		30,722	3.00
4.00	Speech Pathology	10,301	0		10,301	4.00
5.00	Medical Social Services	5,674	3,004		8,678	5.00
6.00	Home Health Aide	8,529	23,203		31,732	6.00
7.00	Total (sum of lines 1-6)	1,145,868	382,808		1,528,676	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	25,414	16,855	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/18/2012 11:40 am
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount 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(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		928,505	331,869
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		22,472	13,031
14.00	Total PPS Reimbursement - PEP Episodes		13,496	9,413
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		964,473	354,313
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		964,473	354,313
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		964,473	354,313
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		964,473	354,313
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		964,473	354,313
32.00	Interim payments (see instructions)		964,473	354,313
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140185	Period: From 01/01/2011	Worksheet H-5
	HHA CCN: 147443	To 12/31/2011	Date/Time Prepared: 5/18/2012 11:40 am
		Home Health Agency I	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		964,473		354,313	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			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			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		964,473		354,313	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		964,473		354,313	7.00
			0	Contractor Number	Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140185	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/18/2012 11:40 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,878,101	1.00
2.00	Capital DRG outlier payments		59,247	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		185.96	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)		5.73	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		15.42	8.00
9.00	Sum of lines 7 and 8		21.15	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.38	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		169,861	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		4,107,209	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