

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: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/31/2012 9:51 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/25/2012 Time: 4:09 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 04 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RIVERSIDE MEDICAL CENTER 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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-240,047	-337,678	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	23,917	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	-451	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	-216,130	-338,129	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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OMB NO. 0938-0050

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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/25/2012	Time: 4:09 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 04 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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Encryption Information  
 ECR: Date: 5/25/2012 Time: 4:09 pm  
 MJLzunkqRF: jgV4K4I Z9i Sfkq3DC60  
 urL010Hj za9vYt1I YK8. 5a3bkDi fLP  
 f7381V1afo04NvSZ  
 PI: Date: 5/25/2012 Time: 4:09 pm  
 yrDj cM3Y7B4XxApwLrGLhaWnpLPxi 1  
 : tz1H0txLuh4E2wKsvrk2tAsv7Ro  
 J3B7kWbl 0POBvgHs

(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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-280,597	-338,733	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-95,834	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		-451		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	-376,431	-339,184	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: 140186		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/31/2012 9:51 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 350 NORTH WALL STREET			PO Box:						1.00	
2.00	City: KANKAKEE			State: IL		Zip Code: 60901		County: USA		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		RI VERSI DE MEDICAL CENTER	140186	28100	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		RI VERSI DE MEDICAL CENTER - RHB	14T186	28100	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N		N	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		RI VERSI DE MEDICAL CENTER - HHA	147400	28100		01/01/1984	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC		PEMBROKE RURAL HEALTH CLINIC	143976	28100		01/01/1987	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011		20.00	
21.00	Type of Control (see instructions)						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.						1	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.	10,227	3,490	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.	154	109	0	0	0	0		25.00		
							Urban/Rural	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	

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000		64.00
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 140186		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/31/2012 9:51 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		2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00	
			Part A		Part B			
			1.00		2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital		N		N		155.00	
156.00	Subprovider - IPF		N		N		156.00	
157.00	Subprovider - IRF		N		N		157.00	
158.00	SUBPROVIDER		N		N		158.00	
159.00	SNF		N		N		159.00	
160.00	HOME HEALTH AGENCY		N		N		160.00	
161.00	CMHC		N		N		161.00	
161.10	CORF		N		N		161.10	
					1.00			
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N				165.00	
			Name	County	State	Zip Code	CBSA	FTE/Campus
			0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.		N				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/31/2012 9:51 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			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.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/14/2012		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:				20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/31/2012 9:51 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				Y 22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N 23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N 24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N 25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N 26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N 27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N 28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				Y 29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N 30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N 31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				Y 32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				Y 33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y 34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				Y 35.00
					Y/N 1.00
					Date 2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				N 36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				N 37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				N 38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				N 39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				N 40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
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	05/14/2012	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:			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: 140186

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2012 9:51 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	253	92,345	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)		253	92,345	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	27	9,855	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	13	4,745	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		293	106,945	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	50	18,250			16.00
17.00 SUBPROVIDER - IRF	41.00	15	4,450			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
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)		358				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: 140186

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	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	19,302	6,709	39,182	1.00	
2.00 HMO		0	780		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	19,302	6,709	39,182	7.00	
8.00 INTENSIVE CARE UNIT	0	2,290	170	3,442	8.00	
9.00 CORONARY CARE UNIT	0	2,420	588	3,347	9.00	
10.00 BURN INTENSIVE CARE UNIT					10.00	
11.00 SURGICAL INTENSIVE CARE UNIT					11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00	
13.00 NURSERY	0		1,304	2,327	13.00	
14.00 Total (see instructions)	0	24,012	8,771	48,298	14.00	
15.00 CAH visits	0	0	0	0	15.00	
16.00 SUBPROVIDER - IPF	0	2,228	6,228	11,629	16.00	
17.00 SUBPROVIDER - IRF	0	3,018	226	4,450	17.00	
18.00 SUBPROVIDER	0	0	0	0	18.00	
19.00 SKILLED NURSING FACILITY					19.00	
20.00 NURSING FACILITY					20.00	
21.00 OTHER LONG TERM CARE					21.00	
22.00 HOME HEALTH AGENCY	0	15,481	1,013	20,086	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00	
24.00 HOSPICE					24.00	
25.00 CMHC - CMHC					25.00	
25.10 CMHC - CORF	0	0	0	0	25.10	
26.00 RURAL HEALTH CLINIC	0	92	0	1,471	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	794	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		2,624			29.00	
30.00 Employee discount days (see instruction)				0	30.00	
31.00 Employee discount days - IRF				0	31.00	
32.00 Labor & delivery days (see instructions)			0	0	32.00	
33.00 LTCH non-covered days		0			33.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140186

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2012 9:51 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	4,974	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	1,482.43	0.00	0	4,974	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	248	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	268	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.56	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	1,482.99	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: 140186

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2012 9:51 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)	2,224	11,482		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)	2,224	11,482		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	650	1,372		16.00
17.00 SUBPROVIDER - IRF	18	394		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/31/2012 9:51 am
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	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - WAGE DATA</b>						
<b>SALARIES</b>						
1.00	Total salaries (see instructions)	200.00	87,237,675	3,747,089	90,984,764	2,964,305.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00
4.00	Physician-Part A		0	0	0	0.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00
5.00	Physician-Part B		1,534,944	0	1,534,944	14,511.00
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	47,726	514,977	562,703	15,216.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00
8.00	Home office personnel		0	0	0	0.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		20,624,954	463,045	21,087,999	406,543.00
<b>OTHER WAGES &amp; RELATED COSTS</b>						
11.00	Contract labor (see instructions)		1,657,654	0	1,657,654	20,914.00
12.00	Management and administrative services		0	0	0	0.00
13.00	Contract labor: physician-Part A		497,457	0	497,457	3,187.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00
15.00	Home office: physician Part A		0	0	0	0.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17,615,849	0	17,615,849	
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		3,497,842	0	3,497,842	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A		0	0	0	
23.00	Physician Part B		197,559	0	197,559	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		0	0	0	
<b>OVERHEAD COSTS - DIRECT SALARIES</b>						
26.00	Employee Benefits	4.00	582,567	0	582,567	16,296.00
27.00	Administrative & General	5.00	12,255,247	1,552,954	13,808,201	443,906.00
28.00	Administrative & General under contract (see inst.)		470,328	0	470,328	2,285.00
29.00	Maintenance & Repairs	6.00	1,251,540	26,707	1,278,247	45,941.00
30.00	Operation of Plant	7.00	633,738	1,654,193	2,287,931	23,664.00
31.00	Laundry & Linen Service	8.00	379,183	6,191	385,374	28,969.00
32.00	Housekeeping	9.00	1,281,810	16,275	1,298,085	99,208.00
33.00	Housekeeping under contract (see instructions)		138,223	0	138,223	3,480.00
34.00	Dietary	10.00	1,258,624	-783,839	474,785	37,247.00
35.00	Dietary under contract (see instructions)		330,900	0	330,900	7,680.00
36.00	Cafeteria	11.00	0	799,674	799,674	64,898.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	2,109,624	-1,354,374	755,250	27,724.00
39.00	Central Services and Supply	14.00	257,058	8,865	265,923	17,456.00
40.00	Pharmacy	15.00	2,026,488	-2,026,488	0	0.00
41.00	Medical Records & Medical Records Library	16.00	1,167,702	22,152	1,189,854	57,304.00
42.00	Social Service	17.00	1,076,587	-884,480	192,107	6,315.00
43.00	Other General Service	18.00	0	0	0	0.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/31/2012 9:51 am
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		Average Hourly Wage (col. 4 + col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	30.69	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	105.78	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	36.98	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	51.87	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	79.26	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	156.09	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
<b>WAGE-RELATED COSTS</b>			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	35.75	26.00
27.00	Administrative & General	31.11	27.00
28.00	Administrative & General under contract (see inst.)	205.83	28.00
29.00	Maintenance & Repairs	27.82	29.00
30.00	Operation of Plant	96.68	30.00
31.00	Laundry & Linen Service	13.30	31.00
32.00	Housekeeping	13.08	32.00
33.00	Housekeeping under contract (see instructions)	39.72	33.00
34.00	Dietary	12.75	34.00
35.00	Dietary under contract (see instructions)	43.09	35.00
36.00	Cafeteria	12.32	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	27.24	38.00
39.00	Central Services and Supply	15.23	39.00
40.00	Pharmacy	0.00	40.00
41.00	Medical Records & Medical Records Library	20.76	41.00
42.00	Social Service	30.42	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140186

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/31/2012 9:51 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	86,594,456	3,232,112	89,826,568	2,948,023.00	1.00
2.00	Excluded area salaries (see instructions)	20,624,954	463,045	21,087,999	406,543.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	65,969,502	2,769,067	68,738,569	2,541,480.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,155,111	0	2,155,111	24,101.00	4.00
5.00	Subtotal wage-related costs (see inst.)	17,615,849	0	17,615,849	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	85,740,462	2,769,067	88,509,529	2,565,581.00	6.00
7.00	Total overhead cost (see instructions)	25,219,619	-962,170	24,257,449	882,373.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140186

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/31/2012 9:51 am

		Average Hourly Wage (col. 4 + col. 5)	
		6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>			
1.00	Net salaries (see instructions)	30.47	1.00
2.00	Excluded area salaries (see instructions)	51.87	2.00
3.00	Subtotal salaries (line 1 minus line 2)	27.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	89.42	4.00
5.00	Subtotal wage-related costs (see inst.)	25.63	5.00
6.00	Total (sum of lines 3 thru 5)	34.50	6.00
7.00	Total overhead cost (see instructions)	27.49	7.00

HOSPITAL WAGE RELATED COSTS	Provi der CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2012 9:51 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal /Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	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)	0	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	0	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	0	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140186

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/31/2012 9:51 am

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140186 Component CCN: 147400		Period: From 01/01/2011 To 12/31/2011		Worksheet S-4 Date/Time Prepared: 5/31/2012 9:51 am		
				Home Health Agency I		PPS		
				1.00				
0.00	County	KANKAKEE				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	925	17	75	1,017	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	1,100.00	59.00	310.00	1,469.00	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)				0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel				14.24	0.00	14.24	5.00
6.00	Direct Nursing Service				9.72	0.00	9.72	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				9.76	0.00	9.76	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				1.46	0.00	1.46	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.26	0.00	0.26	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.02	0.00	0.02	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				0.79	0.00	0.79	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).				28100			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers					
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	6,960	0	0	0	6,960	21.00	
22.00	Skilled Nursing Visit Charges	0	0	0	0	0	22.00	
23.00	Physical Therapy Visits	6,327	0	0	0	6,327	23.00	
24.00	Physical Therapy Visit Charges	0	0	0	0	0	24.00	
25.00	Occupational Therapy Visits	867	0	0	0	867	25.00	
26.00	Occupational Therapy Visit Charges	0	0	0	0	0	26.00	
27.00	Speech Pathology Visits	376	0	0	0	376	27.00	
28.00	Speech Pathology Visit Charges	0	0	0	0	0	28.00	
29.00	Medical Social Service Visits	26	0	0	0	26	29.00	
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00	
31.00	Home Health Aide Visits	925	0	0	0	925	31.00	
32.00	Home Health Aide Visit Charges	0	0	0	0	0	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	15,481	0	0	0	15,481	33.00	
34.00	Other Charges	0	0	0	0	0	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	0	0	0	0	0	35.00	
36.00	Total Number of Episodes (standard/non outlier)	1,308		0	0	1,308	36.00	
37.00	Total Number of Outlier Episodes		0		0	0	37.00	
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/31/2012 9:51 am
			Rural Health Clinic (RHC) I	Cost
				1.00
1.00	Clinic Address and Identification Street			1.00
			City	State
			1.00	2.00
			Zip Code	3.00
2.00	City, State, Zip Code, County	HOPKINS PARK	IL	6094400000
				1.00
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0
			Grant Award	Date
			1.00	2.00
Source of Federal Funds				
4.00	Community Health Center (Section 330(d), PHS Act)			0
5.00	Migrant Health Center (Section 329(d), PHS Act)			0
6.00	Health Services for the Homeless (Section 340(d), PHS Act)			0
7.00	Appalachian Regional Commission			0
8.00	Look-Alikes			0
9.00	OTHER (SPECIFY)			0
				1.00
				2.00
10.00	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes and "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N
			0	10.00
		Sunday		Monday
		from	to	from
		1.00	2.00	3.00
				4.00
11.00	Facility hours of operations (1) Clinic			11.00
			09:00	16:30
				1.00
				2.00
12.00	Have you received an approval for an exception to the productivity standard?			N
13.00	Is this a consolidated cost report as defined in CMS Pub. 27, section 508(D)? If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N
				0
			Provider name	CCN number
			1.00	2.00
14.00	Provider name, CCN number			14.00
		Y/N	V	XVIII
		1.00	2.00	3.00
				XIX
				4.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes and "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. (see instructions)			N
			0	0
			0	0
			0	15.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/31/2012 9:51 am
			Rural Health Clinic (RHC) I	Cost
		County		
		4.00		
2.00	City, State, Zip Code, County	KANKAKEE		2.00
		Tuesday		
		from	to	
		5.00	6.00	
		Wednesday		
		from	to	
		7.00	8.00	
11.00	Facility hours of operations (1) Clinic	09:00	16:30	00:00
				00:00
				11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/31/2012 9:51 am		
			Rural Health Clinic (RHC) I	Cost		
		Thursday		Friday		
		from	to	from	to	
		9.00	10.00	11.00	12.00	
11.00	Facility hours of operations (1) Clinic	09:00	16:30	09:00	16:30	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/31/2012 9:51 am
		Rural Health Clinic (RHC) I	Cost

		Saturday			
		from	to		
		13.00	14.00		
11.00	Facility hours of operations (1) Clinic				11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10	Date/Time Prepared: 5/31/2012 9:51 am	
					1.00	
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)				0.254203	1.00
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid				46,011,215	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid				176,904	5.00
6.00	Medicaid charges				110,358,450	6.00
7.00	Medicaid cost (line 1 times line 6)				28,053,449	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)				0	8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
9.00	Net revenue from stand-alone SCHIP				0	9.00
10.00	Stand-alone SCHIP charges				0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)				0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)				0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)				0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)				0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)				0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)				0	16.00
<b>Uncompensated care (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care				0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations				0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)				0	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	11,614,148	8,071,461	19,685,609		20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,952,351	2,051,790	5,004,141		21.00
22.00	Partial payment by patients approved for charity care	0	0	0		22.00
23.00	Cost of charity care (line 21 minus line 22)	2,952,351	2,051,790	5,004,141		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?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				8,556,009	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				1,245,141	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				7,310,868	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				1,858,445	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				6,862,586	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				6,862,586	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140186

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

Worksheet A  
Date/Time Prepared:  
5/31/2012 9:51 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		17,487,605	17,487,605	-11,683,684	5,803,921	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	12,801,663	12,801,663	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	582,567	21,609,721	22,192,288	-11,385	22,180,903	4.00
5.01 COMMUNICATIONS	0	0	0	1,254,145	1,254,145	5.01
5.02 DATA PROCESSING	2,281,278	6,793,726	9,075,004	-866,725	8,208,279	5.02
5.03 PURCHASING	494,304	1,381,858	1,876,162	-1,022,162	854,000	5.03
5.05 BUSINESS OFFICE	3,237,908	674,041	3,911,949	20,018	3,931,967	5.05
5.06 ADMIN & GENERAL	6,241,757	19,054,788	25,296,545	-2,111,628	23,184,917	5.06
6.00 MAINTENANCE & REPAIRS	1,251,540	5,865,907	7,117,447	-1,227,438	5,890,009	6.00
7.00 OPERATION OF PLANT	633,738	51,604	685,342	1,649,697	2,335,039	7.00
8.00 LAUNDRY & LINEN SERVICE	379,183	95,704	474,887	6,191	481,078	8.00
9.00 HOUSEKEEPING	1,281,810	684,086	1,965,896	14,082	1,979,978	9.00
10.00 DIETARY	1,258,624	1,897,875	3,156,499	-1,990,601	1,165,898	10.00
11.00 CAFETERIA	0	0	0	2,005,500	2,005,500	11.00
13.00 NURSING ADMINISTRATION	2,109,624	24,690	2,134,314	-1,356,151	778,163	13.00
14.00 CENTRAL SERVICES & SUPPLY	257,058	218,958	476,016	8,865	484,881	14.00
15.00 PHARMACY	2,026,488	4,126,892	6,153,380	-5,886,293	267,087	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,167,702	489,623	1,657,325	21,501	1,678,826	16.00
17.00 SOCIAL SERVICE	1,076,587	353,804	1,430,391	-881,801	548,590	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	47,726	1,192,519	1,240,245	-1,114	1,239,131	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	109,315	26,486	135,801	4,616	140,417	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	10,508,729	954,336	11,463,065	-183,513	11,279,552	30.00
31.00 INTENSIVE CARE UNIT	2,022,127	218,443	2,240,570	47,717	2,288,287	31.00
32.00 CORONARY CARE UNIT	2,103,000	175,652	2,278,652	45,446	2,324,098	32.00
40.00 SUBPROVIDER - IPF	3,574,909	435,959	4,010,868	103,557	4,114,425	40.00
41.00 SUBPROVIDER - IRF	1,340,379	56,329	1,396,708	31,825	1,428,533	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	782,187	438,813	1,221,000	42,835	1,263,835	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	3,548,819	13,681,486	17,230,305	289,179	17,519,484	50.00
51.00 RECOVERY ROOM	1,630,677	128,291	1,758,968	400,608	2,159,576	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,495,395	142,496	1,637,891	59,903	1,697,794	52.00
53.00 ANESTHESIOLOGY	59,163	455,862	515,025	50,094	565,119	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,906,244	1,989,734	4,895,978	-113,947	4,782,031	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	182,209	359,156	541,365	1,122	542,487	54.01
54.02 ULTRASOUND	520,142	45,239	565,381	6,825	572,206	54.02
55.00 RADIOLOGY-THERAPEUTIC	614,084	5,042,281	5,656,365	92,175	5,748,540	55.00
57.00 CT SCAN	591,609	195,784	787,393	8,616	796,009	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	211,029	62,701	273,730	2,866	276,596	58.00
59.00 CARDIAC CATHETERIZATION	877,517	6,378,492	7,256,009	75,702	7,331,711	59.00
60.00 LABORATORY	2,448,638	4,957,662	7,406,300	101,916	7,508,216	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 INTRAVENOUS THERAPY	186,801	702,058	888,859	823,473	1,712,332	64.00
65.00 RESPIRATORY THERAPY	1,197,062	271,768	1,468,830	99,030	1,567,860	65.00
66.00 PHYSICAL THERAPY	2,096,093	505,561	2,601,654	119,249	2,720,903	66.00
69.00 ELECTROCARDIOLOGY	525,685	54,993	580,678	48,344	629,022	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	787,071	787,071	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	5,807,279	5,807,279	73.00
75.01 RENAL DIALYSIS (IP)	0	343,070	343,070	0	343,070	75.01
76.00 CARDIAC REHAB	215,593	9,255	224,848	18,544	243,392	76.00
76.01 OP PSY/CDU	897,558	49,955	947,513	72,691	1,020,204	76.01
76.02 RIMMS	614,614	294,392	909,006	-23,742	885,264	76.02
76.03 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04 PAIN CLINIC	0	0	0	0	0	76.04
76.05 DIABETES	156,383	7,383	163,766	2,267	166,033	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	127,934	81,227	209,161	-21,163	187,998	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	2,959,998	624,183	3,584,181	234,926	3,819,107	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 INFUSION	477,228	2,441,881	2,919,109	6,585	2,925,694	93.00
93.01 COMMUNITY HEALTH CENTERS	1,764,919	286,699	2,051,618	-366,647	1,684,971	93.01
93.02 RASC	563,390	1,045,698	1,609,088	-53,043	1,556,045	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	2,199,877	306,040	2,505,917	70,705	2,576,622	95.00
99.10 CORF	0	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140186

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

Worksheet A  
Date/Time Prepared:  
5/31/2012 9:51 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	
101.00 HOME HEALTH AGENCY	2,583,765	225,577	2,809,342	35,345	2,844,687	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE		4,077,373	4,077,373	1,066,830	5,144,203	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	76,420,966	129,075,716	205,496,682	537,966	206,034,648	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 SENIOR ADVAN	0	0	0	0	0	191.01
191.02 CARE-A-VAN	1,487	648	2,135	0	2,135	191.02
192.00 PHYSICIANS' PRIVATE OFFICES	10,561,237	4,756,037	15,317,274	-534,531	14,782,743	192.00
192.01 REFERENCE LAB	0	0	0	0	0	192.01
192.02 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	253,985	-301,621	-47,636	-3,435	-51,071	193.00
200.00 TOTAL (SUM OF LINES 118-199)	87,237,675	133,530,780	220,768,455	0	220,768,455	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140186

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

Worksheet A  
Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	5,803,921	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	12,801,663	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	0	22,180,903	4.00
5.01	COMMUNICATIONS	-1,922	1,252,223	5.01
5.02	DATA PROCESSING	0	8,208,279	5.02
5.03	PURCHASING	-5,035	848,965	5.03
5.05	BUSINESS OFFICE	0	3,931,967	5.05
5.06	ADMIN & GENERAL	-7,065,167	16,119,750	5.06
6.00	MAINTENANCE & REPAIRS	0	5,890,009	6.00
7.00	OPERATION OF PLANT	0	2,335,039	7.00
8.00	LAUNDRY & LINEN SERVICE	0	481,078	8.00
9.00	HOUSEKEEPING	0	1,979,978	9.00
10.00	DIETARY	-14,258	1,151,640	10.00
11.00	CAFETERIA	-1,374,313	631,187	11.00
13.00	NURSING ADMINISTRATION	0	778,163	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	484,881	14.00
15.00	PHARMACY	0	267,087	15.00
16.00	MEDICAL RECORDS & LIBRARY	-17,587	1,661,239	16.00
17.00	SOCIAL SERVICE	-3,000	545,590	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,239,131	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	-5,285	135,132	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-154,869	11,124,683	30.00
31.00	INTENSIVE CARE UNIT	0	2,288,287	31.00
32.00	CORONARY CARE UNIT	0	2,324,098	32.00
40.00	SUBPROVIDER - IPF	-79,531	4,034,894	40.00
41.00	SUBPROVIDER - IRF	-39,476	1,389,057	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	1,263,835	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-121,850	17,397,634	50.00
51.00	RECOVERY ROOM	0	2,159,576	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,697,794	52.00
53.00	ANESTHESIOLOGY	-48,000	517,119	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-1,778	4,780,253	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	542,487	54.01
54.02	ULTRASOUND	0	572,206	54.02
55.00	RADIOLOGY-THERAPEUTIC	-29,736	5,718,804	55.00
57.00	CT SCAN	0	796,009	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	276,596	58.00
59.00	CARDIAC CATHETERIZATION	0	7,331,711	59.00
60.00	LABORATORY	-17,455	7,490,761	60.00
60.01	BLOOD LABORATORY	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	1,712,332	64.00
65.00	RESPIRATORY THERAPY	-175	1,567,685	65.00
66.00	PHYSICAL THERAPY	0	2,720,903	66.00
69.00	ELECTROCARDIOLOGY	0	629,022	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-501	786,570	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	-12,642	5,794,637	73.00
75.01	RENAL DIALYSIS (IP)	0	343,070	75.01
76.00	CARDIAC REHAB	0	243,392	76.00
76.01	OP PSY/CDU	-92,628	927,576	76.01
76.02	RIIMS	-215,920	669,344	76.02
76.03	GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	PAIN CLINIC	0	0	76.04
76.05	DIABETES	0	166,033	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	-49,573	138,425	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	EMERGENCY	-135,125	3,683,982	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	INFUSION	0	2,925,694	93.00
93.01	COMMUNITY HEALTH CENTERS	-1,099,066	585,905	93.01
93.02	RASC	0	1,556,045	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	-258,790	2,317,832	95.00
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	0	2,844,687	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140186

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

Worksheet A  
Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	-5,144,203	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-15,987,885	190,046,763	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	0	191.00
191.01	SENIOR ADVAN	0	0	191.01
191.02	CARE-A-VAN	0	2,135	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	-8,601,575	6,181,168	192.00
192.01	REFERENCE LAB	0	0	192.01
192.02	MEALS ON WHEELS	0	0	192.02
193.00	NONPAID WORKERS	-7,368	-58,439	193.00
200.00	TOTAL (SUM OF LINES 118-199)	-24,596,828	196,171,627	200.00

RECLASSIFICATIONS

Provider CCN: 140186

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

Worksheet A-6  
Date/Time Prepared:  
5/31/2012 9:51 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - PROFESSIONAL FEES</b>						
1.00	SOCIAL SERVICE	17.00	0	3,000	1.00	
2.00	SUBPROVIDER - IRF	41.00	0	13,960	2.00	
3.00	OPERATING ROOM	50.00	0	149,873	3.00	
4.00	ANESTHESIOLOGY	53.00	0	48,000	4.00	
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	77,885	5.00	
6.00	LABORATORY	60.00	0	64,500	6.00	
7.00	RESPIRATORY THERAPY	65.00	0	42,675	7.00	
8.00	OP PSY/CDU	76.01	0	40,719	8.00	
9.00	EMERGENCY	91.00	0	135,125	9.00	
10.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	35,550	10.00	
TOTALS			0	611,287		
<b>B - BONUSES AND VACATION ACCRUAL</b>						
1.00		0.00	0	0	1.00	
2.00	DATA PROCESSING	5.02	33,588	0	2.00	
3.00	PURCHASING	5.03	15,469	0	3.00	
4.00	BUSINESS OFFICE	5.05	46,732	0	4.00	
5.00	ADMIN & GENERAL	5.06	548,887	0	5.00	
6.00	MAINTENANCE & REPAIRS	6.00	26,707	0	6.00	
7.00	OPERATION OF PLANT	7.00	20,486	0	7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	6,191	0	8.00	
9.00	HOUSEKEEPING	9.00	16,275	0	9.00	
10.00	DIETARY	10.00	15,835	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	71,875	0	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	2,622	0	12.00	
13.00	PHARMACY	15.00	23,494	0	13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	22,152	0	14.00	
15.00	SOCIAL SERVICE	17.00	23,798	0	15.00	
16.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	261	0	16.00	
17.00	PARAMED ED PRGM-(SPECIFY)	23.00	1,953	0	17.00	
18.00	ADULTS & PEDIATRICS	30.00	133,950	0	18.00	
19.00	INTENSIVE CARE UNIT	31.00	25,771	0	19.00	
20.00	CORONARY CARE UNIT	32.00	22,622	0	20.00	
21.00	SUBPROVIDER - IRF	41.00	17,865	0	21.00	
22.00	NURSERY	43.00	16,291	0	22.00	
23.00	OPERATING ROOM	50.00	53,542	0	23.00	
24.00	RECOVERY ROOM	51.00	25,970	0	24.00	
25.00	DELIVERY ROOM & LABOR ROOM	52.00	9,156	0	25.00	
26.00	ANESTHESIOLOGY	53.00	657	0	26.00	
27.00	RADIOLOGY-DIAGNOSTIC	54.00	43,439	0	27.00	
28.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	1,122	0	28.00	
29.00	CARDIAC CATHETERIZATION	59.00	8,514	0	29.00	
30.00	CT SCAN	57.00	8,616	0	30.00	
31.00	ULTRASOUND	54.02	6,825	0	31.00	
32.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,866	0	32.00	
33.00	RADIOLOGY-THERAPEUTIC	55.00	14,386	0	33.00	
34.00	LABORATORY	60.00	38,666	0	34.00	
35.00	INTRAVENOUS THERAPY	64.00	4,872	0	35.00	
36.00	RESPIRATORY THERAPY	65.00	16,116	0	36.00	
37.00	PHYSICAL THERAPY	66.00	36,403	0	37.00	
38.00	ELECTROCARDIOLOGY	69.00	7,488	0	38.00	
39.00	DRUGS CHARGED TO PATIENTS	73.00	15,058	0	39.00	
40.00	CARDIAC REHAB	76.00	1,788	0	40.00	
41.00	OP PSY/CDU	76.01	9,623	0	41.00	
42.00	RIIMS	76.02	9,965	0	42.00	
43.00	DIABETES	76.05	2,267	0	43.00	
44.00	EMERGENCY	91.00	42,703	0	44.00	
45.00	INFUSION	93.00	6,585	0	45.00	
46.00	COMMUNITY HEALTH CENTERS	93.01	16,046	0	46.00	
47.00	RURAL HEALTH CLINIC	88.00	968	0	47.00	
48.00	AMBULANCE SERVICES	95.00	27,551	0	48.00	
49.00	HOME HEALTH AGENCY	101.00	48,865	0	49.00	
50.00	PHYSICIANS' PRIVATE OFFICES	192.00	260,799	0	50.00	
51.00	NONPAID WORKERS	193.00	4,643	0	51.00	
52.00	SUBPROVIDER - IPF	40.00	34,328	0	52.00	
TOTALS			1,852,651	0		
<b>C - UTILITY RECLASS</b>						
1.00	OPERATION OF PLANT	7.00	1,072	0	1.00	
3.00	OPERATION OF PLANT	7.00	900,313	0	3.00	
4.00	OPERATION OF PLANT	7.00	2,024	0	4.00	
5.00	OPERATION OF PLANT	7.00	26,714	0	5.00	
6.00	OPERATION OF PLANT	7.00	115,291	0	6.00	

RECLASSIFICATIONS

Provider CCN: 140186

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

Worksheet A-6  
Date/Time Prepared:  
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Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
7.00	OPERATION OF PLANT	7.00	4,496	0		7.00
8.00	OPERATION OF PLANT	7.00	2,193	0		8.00
9.00	OPERATION OF PLANT	7.00	936	0		9.00
10.00	OPERATION OF PLANT	7.00	1,777	0		10.00
11.00	OPERATION OF PLANT	7.00	651	0		11.00
12.00	OPERATION OF PLANT	7.00	321	0		12.00
13.00	OPERATION OF PLANT	7.00	1,375	0		13.00
15.00	OPERATION OF PLANT	7.00	36,750	0		15.00
16.00	OPERATION OF PLANT	7.00	421	0		16.00
17.00	OPERATION OF PLANT	7.00	847	0		17.00
19.00	OPERATION OF PLANT	7.00	267,554	0		19.00
20.00	OPERATION OF PLANT	7.00	1,013	0		20.00
21.00	OPERATION OF PLANT	7.00	96	0		21.00
22.00	OPERATION OF PLANT	7.00	1,250	0		22.00
26.00	OPERATION OF PLANT	7.00	15,380	0		26.00
28.00	OPERATION OF PLANT	7.00	1,400	0		28.00
30.00	OPERATION OF PLANT	7.00	7,849	0		30.00
31.00	OPERATION OF PLANT	7.00	1,927	0		31.00
32.00	OPERATION OF PLANT	7.00	24,856	0		32.00
33.00	OPERATION OF PLANT	7.00	10,442	0		33.00
34.00	OPERATION OF PLANT	7.00	13,520	0		34.00
35.00	OPERATION OF PLANT	7.00	185,161	0		35.00
36.00	OPERATION OF PLANT	7.00	8,078	0		36.00
	TOTALS		1,633,707	0		
<b>D - CAFETERIA RECLASS</b>						
1.00	CAFETERIA	11.00	799,674	1,205,826		1.00
	TOTALS		799,674	1,205,826		
<b>E - NURSING ADMINISTRATION</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	6,243	0		1.00
2.00	PARAMED PRGM-(SPECIFY)	23.00	2,663	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	190,744	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	21,946	0		4.00
5.00	CORONARY CARE UNIT	32.00	22,824	0		5.00
6.00	SUBPROVIDER - IPF	40.00	70,076	0		6.00
7.00	NURSERY	43.00	26,544	0		7.00
8.00	OPERATING ROOM	50.00	86,185	0		8.00
9.00	RECOVERY ROOM	51.00	39,602	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	50,747	0		10.00
11.00	ANESTHESIOLOGY	53.00	1,437	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	68,201	0		12.00
13.00	INTRAVENOUS THERAPY	64.00	6,339	0		13.00
14.00	RESPIRATORY THERAPY	65.00	40,239	0		14.00
15.00	PHYSICAL THERAPY	66.00	82,846	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	40,856	0		16.00
17.00	CARDIAC REHAB	76.00	16,756	0		17.00
18.00	OP PSY/CDU	76.01	22,349	0		18.00
19.00	EMERGENCY	91.00	58,498	0		19.00
20.00	AMBULANCE SERVICES	95.00	53,596	0		20.00
	TOTALS		908,691	0		
<b>F - COST OF GOODS SOLD</b>						
1.00	INTRAVENOUS THERAPY	64.00	0	158,459		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	787,071		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,742,239		3.00
	TOTALS		0	4,687,769		
<b>G - POSTAGE</b>						
1.00	ADMIN & GENERAL	5.06	0	207,819		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	207,819		
<b>H - UTILIZATION REVIEW</b>						
1.00	ADMIN & GENERAL	5.06	908,278	0		1.00
	TOTALS		908,278	0		
<b>I - RECOVERY ROOM</b>						
1.00	RECOVERY ROOM	51.00	335,036	0		1.00
	TOTALS		335,036	0		
<b>J - IV THERAPY</b>						
1.00	INTRAVENOUS THERAPY	64.00	653,803	0		1.00
	TOTALS		653,803	0		
<b>K - DEPRECIATION</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	12,369,020		1.00
	TOTALS		0	12,369,020		

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>L - INSURANCE</b>						
1.00	EMPLOYEE BENEFITS	4.00	0	1,842,338	1.00	
	TOTALS		0	1,842,338		
<b>M - INTEREST</b>						
1.00	INTEREST EXPENSE	113.00	0	1,066,830	1.00	
	TOTALS		0	1,066,830		
<b>N - I&amp;R SALARIES</b>						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	514,716	0	1.00	
	TOTALS		514,716	0		
<b>O - RADIOLOGY</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	110,168	0	1.00	
	TOTALS		110,168	0		
<b>P - COMMUNICATIONS</b>						
1.00	COMMUNICATIONS	5.01	0	1,254,145	1.00	
	TOTALS		0	1,254,145		
<b>Q - LIABILITY INSURANCE</b>						
1.00	ADMIN & GENERAL	5.06	0	18,327	1.00	
2.00	ADMIN & GENERAL	5.06	0	45,760	2.00	
3.00	ADMIN & GENERAL	5.06	0	51,116	3.00	
4.00	ADMIN & GENERAL	5.06	0	861,910	4.00	
	TOTALS		0	977,113		
<b>R - ESTABLISH OTHER CRC</b>						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	646,622	1.00	
2.00	OTHER CAPITAL RELATED COSTS	3.00	0	471,357	2.00	
	TOTALS		0	1,117,979		
<b>S - NEW LIFE GRANT</b>						
1.00	NONPAID WORKERS	193.00	0	253,985	1.00	
	TOTALS		0	253,985		
<b>T - RX SALARIES</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	2,026,488	0	1.00	
2.00	DRUGS CHARGED TO PATIENTS	73.00	23,494	0	2.00	
	TOTALS		2,049,982	0		
<b>U - FLOAT NURSING</b>						
1.00	ADULTS & PEDIATRICS	30.00	481,042	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	36,516	0	2.00	
	TOTALS		517,558	0		
<b>V - CHC DIRECTORS</b>						
1.00	RURAL HEALTH CLINIC	88.00	2,358	0	1.00	
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	194,691	0	2.00	
3.00	RURAL HEALTH CLINIC	88.00	0	367	3.00	
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	21,500	4.00	
	TOTALS		197,049	21,867		
500.00	Grand Total: Increases		10,481,313	25,615,978	500.00	

RECLASSIFICATIONS

Provider CCN: 140186

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

Worksheet A-6  
Date/Time Prepared:  
5/31/2012 9:51 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - PROFESSIONAL FEES</b>							
1.00	ADMIN & GENERAL	5.06	0	3,000	0		1.00
2.00	ADMIN & GENERAL	5.06	0	13,960	0		2.00
3.00	ADMIN & GENERAL	5.06	0	149,873	0		3.00
4.00	ADMIN & GENERAL	5.06	0	48,000	0		4.00
5.00	ADMIN & GENERAL	5.06	0	77,885	0		5.00
6.00	ADMIN & GENERAL	5.06	0	64,500	0		6.00
7.00	ADMIN & GENERAL	5.06	0	42,675	0		7.00
8.00	ADMIN & GENERAL	5.06	0	40,719	0		8.00
9.00	ADMIN & GENERAL	5.06	0	135,125	0		9.00
10.00	ADMIN & GENERAL	5.06	0	35,550	0		10.00
TOTALS			0	611,287			
<b>B - BONUSES AND VACATION ACCRUAL</b>							
1.00		0.00	0	0	0		1.00
2.00	EMPLOYEE BENEFITS	4.00	0	33,588	0		2.00
3.00	EMPLOYEE BENEFITS	4.00	0	15,469	0		3.00
4.00	EMPLOYEE BENEFITS	4.00	0	46,732	0		4.00
5.00	EMPLOYEE BENEFITS	4.00	0	548,887	0		5.00
6.00	EMPLOYEE BENEFITS	4.00	0	26,707	0		6.00
7.00	EMPLOYEE BENEFITS	4.00	0	20,486	0		7.00
8.00	EMPLOYEE BENEFITS	4.00	0	6,191	0		8.00
9.00	EMPLOYEE BENEFITS	4.00	0	16,275	0		9.00
10.00	EMPLOYEE BENEFITS	4.00	0	15,835	0		10.00
11.00	EMPLOYEE BENEFITS	4.00	0	71,875	0		11.00
12.00	EMPLOYEE BENEFITS	4.00	0	2,622	0		12.00
13.00	EMPLOYEE BENEFITS	4.00	0	23,494	0		13.00
14.00	EMPLOYEE BENEFITS	4.00	0	22,152	0		14.00
15.00	EMPLOYEE BENEFITS	4.00	0	23,798	0		15.00
16.00	EMPLOYEE BENEFITS	4.00	0	261	0		16.00
17.00	EMPLOYEE BENEFITS	4.00	0	1,953	0		17.00
18.00	EMPLOYEE BENEFITS	4.00	0	133,950	0		18.00
19.00	EMPLOYEE BENEFITS	4.00	0	25,771	0		19.00
20.00	EMPLOYEE BENEFITS	4.00	0	22,622	0		20.00
21.00	EMPLOYEE BENEFITS	4.00	0	17,865	0		21.00
22.00	EMPLOYEE BENEFITS	4.00	0	16,291	0		22.00
23.00	EMPLOYEE BENEFITS	4.00	0	53,542	0		23.00
24.00	EMPLOYEE BENEFITS	4.00	0	25,970	0		24.00
25.00	EMPLOYEE BENEFITS	4.00	0	9,156	0		25.00
26.00	EMPLOYEE BENEFITS	4.00	0	657	0		26.00
27.00	EMPLOYEE BENEFITS	4.00	0	43,439	0		27.00
28.00	EMPLOYEE BENEFITS	4.00	0	1,122	0		28.00
29.00	EMPLOYEE BENEFITS	4.00	0	8,514	0		29.00
30.00	EMPLOYEE BENEFITS	4.00	0	8,616	0		30.00
31.00	EMPLOYEE BENEFITS	4.00	0	6,825	0		31.00
32.00	EMPLOYEE BENEFITS	4.00	0	2,866	0		32.00
33.00	EMPLOYEE BENEFITS	4.00	0	14,386	0		33.00
34.00	EMPLOYEE BENEFITS	4.00	0	38,666	0		34.00
35.00	EMPLOYEE BENEFITS	4.00	0	4,872	0		35.00
36.00	EMPLOYEE BENEFITS	4.00	0	16,116	0		36.00
37.00	EMPLOYEE BENEFITS	4.00	0	36,403	0		37.00
38.00	EMPLOYEE BENEFITS	4.00	0	7,488	0		38.00
39.00	EMPLOYEE BENEFITS	4.00	0	15,058	0		39.00
40.00	EMPLOYEE BENEFITS	4.00	0	1,788	0		40.00
41.00	EMPLOYEE BENEFITS	4.00	0	9,623	0		41.00
42.00	EMPLOYEE BENEFITS	4.00	0	9,965	0		42.00
43.00	EMPLOYEE BENEFITS	4.00	0	2,267	0		43.00
44.00	EMPLOYEE BENEFITS	4.00	0	42,703	0		44.00
45.00	EMPLOYEE BENEFITS	4.00	0	6,585	0		45.00
46.00	EMPLOYEE BENEFITS	4.00	0	16,046	0		46.00
47.00	EMPLOYEE BENEFITS	4.00	0	968	0		47.00
48.00	EMPLOYEE BENEFITS	4.00	0	27,551	0		48.00
49.00	EMPLOYEE BENEFITS	4.00	0	48,865	0		49.00
50.00	EMPLOYEE BENEFITS	4.00	0	260,799	0		50.00
51.00	EMPLOYEE BENEFITS	4.00	0	4,643	0		51.00
52.00	EMPLOYEE BENEFITS	4.00	0	34,328	0		52.00
TOTALS			0	1,852,651			
<b>C - UTILITY RECLASS</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	1,072	0		1.00
3.00	DATA PROCESSING	5.02	0	900,313	0		3.00
4.00	PURCHASING	5.03	0	2,024	0		4.00
5.00	BUSINESS OFFICE	5.05	0	26,714	0		5.00
6.00	ADMIN & GENERAL	5.06	0	115,291	0		6.00
7.00	OPERATION OF PLANT	7.00	0	4,496	0		7.00
8.00	HOUSEKEEPING	9.00	0	2,193	0		8.00

RECLASSIFICATIONS

Provider CCN: 140186

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

Worksheet A-6  
Date/Time Prepared:  
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Decreases							Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other					
6.00	7.00	8.00	9.00	10.00				
9.00	DIETARY	10.00	0	936	0	0	9.00	
10.00	NURSING ADMINISTRATION	13.00	0	1,777	0	0	10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	651	0	0	11.00	
12.00	SOCIAL SERVICE	17.00	0	321	0	0	12.00	
13.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,375	0	0	13.00	
15.00	ADULTS & PEDIATRICS	30.00	0	36,750	0	0	15.00	
16.00	OPERATING ROOM	50.00	0	421	0	0	16.00	
17.00	SUBPROVIDER - IPF	40.00	0	847	0	0	17.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	267,554	0	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	1,013	0	0	20.00	
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	96	0	0	21.00	
22.00	LABORATORY	60.00	0	1,250	0	0	22.00	
26.00	RIIMS	76.02	0	15,380	0	0	26.00	
28.00	EMERGENCY	91.00	0	1,400	0	0	28.00	
30.00	COMMUNITY HEALTH CENTERS	93.01	0	7,849	0	0	30.00	
31.00	RASC	93.02	0	1,927	0	0	31.00	
32.00	RURAL HEALTH CLINIC	88.00	0	24,856	0	0	32.00	
33.00	AMBULANCE SERVICES	95.00	0	10,442	0	0	33.00	
34.00	HOME HEALTH AGENCY	101.00	0	13,520	0	0	34.00	
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	185,161	0	0	35.00	
36.00	NONPAID WORKERS	193.00	0	8,078	0	0	36.00	
TOTALS			0	1,633,707				
D - CAFETERIA RECLASS								
1.00	DIETARY	10.00	799,674	1,205,826	0	0	1.00	
TOTALS			799,674	1,205,826				
E - NURSING ADMINISTRATION								
1.00	NURSING ADMINISTRATION	13.00	6,243	0	0	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	2,663	0	0	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	190,744	0	0	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	21,946	0	0	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	22,824	0	0	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	70,076	0	0	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	26,544	0	0	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	86,185	0	0	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	39,602	0	0	0	9.00	
10.00	NURSING ADMINISTRATION	13.00	50,747	0	0	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	1,437	0	0	0	11.00	
12.00	NURSING ADMINISTRATION	13.00	68,201	0	0	0	12.00	
13.00	NURSING ADMINISTRATION	13.00	6,339	0	0	0	13.00	
14.00	NURSING ADMINISTRATION	13.00	40,239	0	0	0	14.00	
15.00	NURSING ADMINISTRATION	13.00	82,846	0	0	0	15.00	
16.00	NURSING ADMINISTRATION	13.00	40,856	0	0	0	16.00	
17.00	NURSING ADMINISTRATION	13.00	16,756	0	0	0	17.00	
18.00	NURSING ADMINISTRATION	13.00	22,349	0	0	0	18.00	
19.00	NURSING ADMINISTRATION	13.00	58,498	0	0	0	19.00	
20.00	NURSING ADMINISTRATION	13.00	53,596	0	0	0	20.00	
TOTALS			908,691	0				
F - COST OF GOODS SOLD								
1.00	PURCHASING	5.03	0	827,964	0	0	1.00	
2.00	PHARMACY	15.00	0	3,859,805	0	0	2.00	
3.00		0.00	0	0	0	0	3.00	
TOTALS			0	4,687,769				
G - POSTAGE								
1.00	PURCHASING	5.03	0	207,643	0	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	176	0	0	2.00	
TOTALS			0	207,819				
H - UTILIZATION REVIEW								
1.00	SOCIAL SERVICE	17.00	908,278	0	0	0	1.00	
TOTALS			908,278	0				
I - RECOVERY ROOM								
1.00	ADULTS & PEDIATRICS	30.00	335,036	0	0	0	1.00	
TOTALS			335,036	0				
J - IV THERAPY								
1.00	ADULTS & PEDIATRICS	30.00	653,803	0	0	0	1.00	
TOTALS			653,803	0				
K - DEPRECIATION								
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	12,369,020	9	9	1.00	
TOTALS			0	12,369,020				
L - INSURANCE								
1.00	ADMIN & GENERAL	5.06	0	1,842,338	0	0	1.00	
TOTALS			0	1,842,338				

RECLASSIFICATIONS

Provider CCN: 140186

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

Worksheet A-6

Date/Time Prepared:  
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		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>M - INTEREST</b>							
1.00	ADMIN & GENERAL	5.06	0	1,066,830	0		1.00
	TOTALS		0	1,066,830			
<b>N - I&amp;R SALARIES</b>							
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	514,716	0		1.00
	TOTALS		0	514,716			
<b>O - RADIOLOGY</b>							
1.00	COMMUNITY HEALTH CENTERS	93.01	110,168	0	0		1.00
	TOTALS		110,168	0	0		
<b>P - COMMUNICATIONS</b>							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,254,145	0		1.00
	TOTALS		0	1,254,145			
<b>Q - LIABILITY INSURANCE</b>							
1.00	RIMMS	76.02	0	18,327	0		1.00
2.00	COMMUNITY HEALTH CENTERS	93.01	0	45,760	0		2.00
3.00	RASC	93.02	0	51,116	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	861,910	0		4.00
	TOTALS		0	977,113			
<b>R - ESTABLISH OTHER CRC</b>							
1.00	ADMIN & GENERAL	5.06	0	646,622	0		1.00
2.00	ADMIN & GENERAL	5.06	0	471,357	0		2.00
	TOTALS		0	1,117,979			
<b>S - NEW LIFE GRANT</b>							
1.00	NONPAID WORKERS	193.00	253,985	0	0		1.00
	TOTALS		253,985	0	0		
<b>T - RX SALARIES</b>							
1.00	PHARMACY	15.00	2,026,488	0	0		1.00
2.00	PHARMACY	15.00	23,494	0	0		2.00
	TOTALS		2,049,982	0	0		
<b>U - FLOAT NURSING</b>							
1.00	NURSING ADMINISTRATION	13.00	481,042	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	36,516	0	0		2.00
	TOTALS		517,558	0	0		
<b>V - CHC DIRECTORS</b>							
1.00	COMMUNITY HEALTH CENTERS	93.01	2,358	0	0		1.00
2.00	COMMUNITY HEALTH CENTERS	93.01	194,691	0	0		2.00
3.00	COMMUNITY HEALTH CENTERS	93.01	0	367	0		3.00
4.00	COMMUNITY HEALTH CENTERS	93.01	0	21,500	0		4.00
	TOTALS		197,049	21,867			
500.00	Grand Total: Decreases		6,734,224	29,363,067			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140186

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/31/2012 9:51 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	7,974,131	0	0	0	1.00
2.00	Land Improvements	2,578,407	403,962	0	403,962	2.00
3.00	Buildings and Fixtures	160,126,982	46,376,920	0	46,376,920	3.00
4.00	Building Improvements	26,290,707	18,761,540	0	18,761,540	4.00
5.00	Fixed Equipment	3,312,534	1,501,956	0	1,501,956	5.00
6.00	Movable Equipment	135,980,748	32,778,505	0	32,778,505	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	336,263,509	99,822,883	0	99,822,883	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	336,263,509	99,822,883	0	99,822,883	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
	<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	17,487,605	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,487,605	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
	<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	267,327,139	0	267,327,139	0.613014	288,948
2.00	NEW CAP REL COSTS-MVBLE EQUIP	168,759,253	0	168,759,253	0.386986	182,409
3.00	Total (sum of lines 1-2)	436,086,392	0	436,086,392	1.000000	471,357

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140186

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	7,974,131	0		1.00	
2.00	Land Improvements	2,982,369	1,782,313		2.00	
3.00	Buildings and Fixtures	206,503,902	19,727,978		3.00	
4.00	Building Improvements	45,052,247	12,595,456		4.00	
5.00	Fixed Equipment	4,814,490	1,985,835		5.00	
6.00	Movable Equipment	168,759,253	99,313,193		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	436,086,392	135,404,775		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	436,086,392	135,404,775		10.00	
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	17,487,605		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	17,487,605		3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	396,388	0	685,336	5,118,585	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	250,234	0	432,643	12,369,020	0 2.00
3.00	Total (sum of lines 1-2)	646,622	0	1,117,979	17,487,605	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140186

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		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	288,948	396,388	0	5,803,921	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	182,409	250,234	0	12,801,663	2.00
3.00	Total (sum of lines 1-2)	0	471,357	646,622	0	18,605,584	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140186

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

Worksheet A-8

Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0	0	0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0	0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0	0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0	0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-1,922	COMMUNICATIONS	5.01 7.00
8.00 Television and radio service (chapter 21)		0	0	0.00 8.00
9.00 Parking lot (chapter 21)		0	0	0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-1,788,685		
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-1,778	RADIOLOGY-DIAGNOSTIC	54.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0	0	12.00
13.00 Laundry and linen service		0	0	0.00 13.00
14.00 Cafeteria-employees and guests	B	-1,135,058	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0	0	0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-501	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00 16.00
17.00 Sale of drugs to other than patients	B	-12,642	DRUGS CHARGED TO PATIENTS	73.00 17.00
18.00 Sale of medical records and abstracts	B	-17,587	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0	0.00 19.00
20.00 Vending machines	B	-14,258	DIETARY	10.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0	0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0	0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist		0	0*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant		0	0	0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0*** Cost Center Deleted ***	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0*** Cost Center Deleted ***	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0	0	0.00 32.00
33.00		0	0	0.00 33.00
33.01 NON OPERATING INC, UNRESTRICT DONOR	B	-14,144	ADMIN & GENERAL	5.06 33.01
33.02 BAD DEBT	A	-9,217	RIMMS	76.02 33.02
33.03 BAD DEBT	A	-96,193	COMMUNITY HEALTH CENTERS	93.01 33.03
33.04 BAD DEBT	A	-12,205	RURAL HEALTH CLINIC	88.00 33.04
33.05 BAD DEBT	A	-715,895	PHYSICIANS' PRIVATE OFFICES	192.00 33.05
33.06		0	0	0.00 33.06
33.07		0	0	0.00 33.07
33.08		0	0	0.00 33.08
33.09 AP REVENUE	B	-5,035	PURCHASING	5.03 33.09
33.10 PRINT SHOP REVENUE	B	-264	ADMIN & GENERAL	5.06 33.10
33.11		0	0	0.00 33.11
33.12		0	0	0.00 33.12
33.13 FAMILY RESOURCE	B	-3,950	ADMIN & GENERAL	5.06 33.13
33.14 ACLS REVENUE	B	-5,285	PARAMED ED PRGM-(SPECIFY)	23.00 33.14
33.15		0	0	0.00 33.15
33.16 GOURMET COFFEE	B	-239,255	CAFETERIA	11.00 33.16

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #		
			1.00	2.00		3.00
33.17	AMBULANCE REVENUE	B	-258,790	AMBULANCE SERVICES	95.00	33.17
33.18	MISCELLANEOUS INCOME	B	-48,025	ADMIN & GENERAL	5.06	33.18
33.19			0		0.00	33.19
33.20	PSYCH ASSOC. DIRECTOR REVENUE	B	-118,565	PHYSICIANS' PRIVATE OFFICES	192.00	33.20
33.21			0		0.00	33.21
33.22	AHA DUES	A	-12,082	ADMIN & GENERAL	5.06	33.22
33.23	IHA DUES	A	-22,789	ADMIN & GENERAL	5.06	33.23
33.24	VOCATIONAL TRAINING	A	-53,934	ADULTS & PEDIATRICS	30.00	33.24
33.25	VOCATIONAL TRAINING	A	-46,639	OP PSY/CDU	76.01	33.25
33.26	VOCATIONAL TRAINING	A	-79,531	SUBPROVIDER - IPF	40.00	33.26
33.27	NON-ALLOWABLE MARKETING	A	-319,327	ADMIN & GENERAL	5.06	33.27
33.28	NON-ALLOWABLE ADMIN	A	-72,983	ADMIN & GENERAL	5.06	33.28
33.29	CHARITY CARE	A	-143,587	ADMIN & GENERAL	5.06	33.29
33.30	NON-ALLOWABLE INTEREST	A	-5,144,203	INTEREST EXPENSE	113.00	33.30
33.31			0		0.00	33.31
33.32			0		0.00	33.32
33.33	MEDI CAID ASSESSMENT	A	-6,428,016	ADMIN & GENERAL	5.06	33.33
33.34			0		0.00	33.34
33.35	HBP NEW LIFE PRO FEES	A	-7,368	NONPAID WORKERS	193.00	33.35
33.36	HBP PHYSICIAN SALARIES-PHY OFFICE	A	-7,767,115	PHYSICIANS' PRIVATE OFFICES	192.00	33.36
33.37			0		0.00	33.37
33.38			0		0.00	33.38
33.39			0		0.00	33.39
33.40			0		0.00	33.40
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-24,596,828			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140186

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

Worksheet A-8

Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00		0	33.00
33.01	NON OPERATING INC, UNRESTRICT DONOR	0	33.01
33.02	BAD DEBT	0	33.02
33.03	BAD DEBT	0	33.03
33.04	BAD DEBT	0	33.04
33.05	BAD DEBT	0	33.05
33.06		0	33.06
33.07		0	33.07
33.08		0	33.08
33.09	AP REVENUE	0	33.09
33.10	PRINT SHOP REVENUE	0	33.10
33.11		0	33.11
33.12		0	33.12
33.13	FAMILY RESOURCE	0	33.13
33.14	ACLS REVENUE	0	33.14
33.15		0	33.15
33.16	GOURMET COFFEE	0	33.16
33.17	AMBULANCE REVENUE	0	33.17
33.18	MISCELLANEOUS INCOME	0	33.18
33.19		0	33.19
33.20	PSYCH ASSOC. DIRECTOR REVENUE	0	33.20
33.21		0	33.21
33.22	AHA DUES	0	33.22
33.23	IHA DUES	0	33.23
33.24	VOCATIONAL TRAINING	0	33.24
33.25	VOCATIONAL TRAINING	0	33.25

Provider CCN: 140186

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

Worksheet A-8  
 Date/Time Prepared:  
 5/31/2012 9:51 am

Cost Center Description		Wkst. A-7 Ref.		
		5.00		
33.26	VOCATIONAL TRAINING	0		33.26
33.27	NON-ALLOWABLE MARKETING	0		33.27
33.28	NON-ALLOWABLE ADMIN	0		33.28
33.29	CHARITY CARE	0		33.29
33.30	NON-ALLOWABLE INTEREST	0		33.30
33.31		0		33.31
33.32		0		33.32
33.33	MEDI CAID ASSESSMENT	0		33.33
33.34		0		33.34
33.35	HBP NEW LIFE PRO FEES	0		33.35
33.36	HBP PHYSICIAN SALARIES-PHY OFFICE	0		33.36
33.37		0		33.37
33.38		0		33.38
33.39		0		33.39
33.40		0		33.40
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: 140186

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

Worksheet A-8-1

Date/Time Prepared:  
5/31/2012 9:51 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	30.00	ADULTS & PEDIATRICS	FACILITY 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	A	RESOLVE CENTER	0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS  
 Provider CCN: 140186  
 Period: From 01/01/2011 To 12/31/2011  
 Worksheet A-8-1  
 Date/Time Prepared: 5/31/2012 9:51 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	60,000	60,000	0	0	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.	60,000	60,000	0	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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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

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

6.00		OAKSIDE CORP	0.00	CHEM DEPENDENCY	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: 140186

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

Worksheet A-8-2

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	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	17.00	SOCIAL SERVICE	3,000	3,000	1.00
2.00	30.00	ADULTS & PEDIATRICS	100,935	100,935	2.00
3.00	41.00	SUBPROVIDER - IRF	53,116	39,476	3.00
4.00	50.00	OPERATING ROOM	149,873	373	4.00
5.00	53.00	ANESTHESIOLOGY	48,000	48,000	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	77,885	2,885	6.00
7.00	60.00	LABORATORY	64,500	6,450	7.00
8.00	65.00	RESPIRATORY THERAPY	42,675	175	8.00
9.00	76.01	OP PSY/CDU	45,989	45,989	9.00
10.00	76.02	RI MMS	206,703	206,703	10.00
11.00	91.00	EMERGENCY	135,125	135,125	11.00
12.00	93.01	COMMUNITY HEALTH CENTERS	1,002,873	1,002,873	12.00
13.00	88.00	RURAL HEALTH CLINIC	37,368	37,368	13.00
200.00			1,968,042	1,629,352	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140186

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

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Date/Time Prepared:  
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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	154,100	0	0	0	1.00
2.00	0	154,100	0	0	0	2.00
3.00	13,640	204,100	171	16,779	839	3.00
4.00	149,500	200,300	291	28,023	1,401	4.00
5.00	0	204,100	0	0	0	5.00
6.00	75,000	200,300	500	48,149	2,407	6.00
7.00	58,050	154,100	635	47,045	2,352	7.00
8.00	42,500	219,500	425	44,850	2,243	8.00
9.00	0	154,100	0	0	0	9.00
10.00	0	154,100	0	0	0	10.00
11.00	0	154,100	0	0	0	11.00
12.00	0	154,100	0	0	0	12.00
13.00	0	154,100	0	0	0	13.00
200.00	338,690		2,022	184,846	9,242	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140186

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

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	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	16,779	3.00
4.00	0	0	0	0	28,023	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	48,149	6.00
7.00	0	0	0	0	47,045	7.00
8.00	0	0	0	0	44,850	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
200.00	0	0	0	0	184,846	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140186

Period:  
From 01/01/2011  
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	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	3,000	1.00
2.00	0	100,935	2.00
3.00	0	39,476	3.00
4.00	121,477	121,850	4.00
5.00	0	48,000	5.00
6.00	26,851	29,736	6.00
7.00	11,005	17,455	7.00
8.00	0	175	8.00
9.00	0	45,989	9.00
10.00	0	206,703	10.00
11.00	0	135,125	11.00
12.00	0	1,002,873	12.00
13.00	0	37,368	13.00
200.00	159,333	1,788,685	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	5,803,921	5,803,921				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	12,801,663		12,801,663			2.00
4.00 EMPLOYEE BENEFITS	22,180,903	26,920	3,605	22,211,428		4.00
5.01 COMMUNICATIONS	1,252,223	1,605	0	0	1,253,828	5.01
5.02 DATA PROCESSING	8,208,279	87,152	5,165,018	627,882	87,375	5.02
5.03 PURCHASING	848,965	178,679	352,977	163,506	16,383	5.03
5.05 BUSINESS OFFICE	3,931,967	103,134	129,734	1,055,241	50,240	5.05
5.06 ADMIN & GENERAL	16,119,750	484,278	222,764	1,738,311	240,280	5.06
6.00 MAINTENANCE & REPAIRS	5,890,009	140,667	562,855	352,710	42,595	6.00
7.00 OPERATION OF PLANT	2,335,039	1,264,563	649,513	165,611	18,567	7.00
8.00 LAUNDRY & LINEN SERVICE	481,078	38,126	2,179	131,812	1,092	8.00
9.00 HOUSEKEEPING	1,979,978	23,195	57,962	443,827	8,737	9.00
10.00 DIETARY	1,151,640	97,593	83,591	165,940	15,291	10.00
11.00 CAFETERIA	631,187	89,301	0	306,583	0	11.00
13.00 NURSING ADMINISTRATION	778,163	0	35,309	24,489	17,475	13.00
14.00 CENTRAL SERVICES & SUPPLY	484,881	60,871	47,302	81,574	4,369	14.00
15.00 PHARMACY	267,087	22,602	573,235	0	10,922	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,661,239	54,213	107,509	365,078	55,701	16.00
17.00 SOCIAL SERVICE	545,590	5,073	953	42,944	9,830	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,239,131	0	1,120	21,092	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	135,132	1,548	2,169	27,312	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	11,124,683	574,171	131,718	3,055,925	168,196	30.00
31.00 INTENSIVE CARE UNIT	2,288,287	37,180	68,077	516,704	10,922	31.00
32.00 CORONARY CARE UNIT	2,324,098	50,010	5,920	604,819	9,830	32.00
40.00 SUBPROVIDER - IPF	4,034,894	35,069	0	904,601	10,922	40.00
41.00 SUBPROVIDER - IRF	1,389,057	76,414	13,610	341,520	15,291	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,263,835	16,527	12,245	229,581	4,369	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	17,397,634	149,915	1,353,718	954,521	29,489	50.00
51.00 RECOVERY ROOM	2,159,576	39,587	40,967	503,467	22,936	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,697,794	50,277	152,975	403,620	6,553	52.00
53.00 ANESTHESIOLOGY	517,119	3,898	3,240	22,297	1,092	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,780,253	95,186	1,119,853	776,091	17,475	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	542,487	4,681	14,599	35,735	2,184	54.01
54.02 ULTRASOUND	572,206	4,318	103,308	133,622	4,369	54.02
55.00 RADIOLOGY-THERAPEUTIC	5,718,804	0	156,439	164,277	17,475	55.00
57.00 CT SCAN	796,009	5,493	11,205	129,069	6,553	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	276,596	11,387	61,575	39,072	6,553	58.00
59.00 CARDIAC CATHETERIZATION	7,331,711	33,197	706,516	260,523	5,461	59.00
60.00 LABORATORY	7,490,761	62,199	168,771	666,625	36,042	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,102	0	0	0	62.00
64.00 INTRAVENOUS THERAPY	1,712,332	0	0	197,521	2,184	64.00
65.00 RESPIRATORY THERAPY	1,567,685	11,960	67,342	337,149	7,645	65.00
66.00 PHYSICAL THERAPY	2,720,903	175,048	37,033	590,391	31,673	66.00
69.00 ELECTROCARDIOLOGY	629,022	26,576	95,432	135,876	17,475	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	786,570	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	5,794,637	0	0	462,488	0	73.00
75.01 RENAL DIALYSIS (IP)	343,070	0	0	0	0	75.01
76.00 CARDIAC REHAB	243,392	17,501	25,358	84,381	4,369	76.00
76.01 OP PSY/CDU	927,576	112,056	4,455	250,279	0	76.01
76.02 RIMMS	669,344	37,744	5,209	121,060	13,106	76.02
76.03 GENETIC/OAK PLAZA CLINICS	0	0	0	0	19,659	76.03
76.04 PAIN CLINIC	0	0	0	0	0	76.04
76.05 DIABETES	166,033	4,719	1,617	38,753	4,369	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	138,425	55,531	639	32,395	4,369	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	3,683,982	82,967	124,528	790,358	57,886	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 INFUSION	2,925,694	0	6,104	110,819	0	93.00
93.01 COMMUNITY HEALTH CENTERS	585,905	282,472	10,521	287,822	2,184	93.01
93.02 RASC	1,556,045	0	0	12,293	0	93.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	2,317,832	59,706	131,159	673,399	4,369	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	2,844,687	27,207	59,125	726,918	20,752	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	190,046,763	4,824,618	12,691,053	20,307,883	1,144,609	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,266	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 SENIOR ADVAN	0	0	0	0	0	191.01
191.02 CARE-A-VAN	2,135	0	0	190	0	191.02
192.00 PHYSICIANS' PRIVATE OFFICES	6,181,168	616,004	110,492	1,817,736	52,425	192.00
192.01 REFERENCE LAB	0	0	0	0	0	192.01
192.02 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	-58,439	351,033	118	85,619	56,794	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	196,171,627	5,803,921	12,801,663	22,211,428	1,253,828	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B  
Part I  
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Cost Center Description		DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	ADMIN & GENERAL	
		5.02	5.03	5.05	5A.05	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING	14,175,706					5.02
5.03	PURCHASING	225,728	1,786,238				5.03
5.05	BUSINESS OFFICE	2,182,035	714	7,453,065			5.05
5.06	ADMIN & GENERAL	2,212,130	3,629	593	21,021,735	21,021,735	5.06
6.00	MAINTENANCE & REPAIRS	316,019	3,895	0	7,308,750	877,203	6.00
7.00	OPERATION OF PLANT	255,825	59	0	4,689,177	562,800	7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,089	0	655,376	78,659	8.00
9.00	HOUSEKEEPING	90,291	1,206	0	2,605,196	312,678	9.00
10.00	DIETARY	150,485	483	0	1,665,023	199,838	10.00
11.00	CAFETERIA	0	0	0	1,027,071	123,270	11.00
13.00	NURSING ADMINISTRATION	165,534	440	0	1,021,410	122,591	13.00
14.00	CENTRAL SERVICES & SUPPLY	75,243	9,711	0	763,951	91,690	14.00
15.00	PHARMACY	285,922	15,997	0	1,175,765	141,116	15.00
16.00	MEDICAL RECORDS & LIBRARY	436,407	55	0	2,680,202	321,681	16.00
17.00	SOCIAL SERVICE	316,019	8	0	920,417	110,469	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	3	0	1,261,346	151,388	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	545	0	166,706	20,008	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,414,561	16,464	287,638	16,773,356	2,013,155	30.00
31.00	INTENSIVE CARE UNIT	120,388	4,498	46,893	3,092,949	371,219	31.00
32.00	CORONARY CARE UNIT	135,437	4,119	45,863	3,180,096	381,678	32.00
40.00	SUBPROVIDER - IPF	45,146	1,075	126,899	5,158,606	619,141	40.00
41.00	SUBPROVIDER - IRF	225,728	953	35,779	2,098,352	251,846	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	45,146	3,990	12,619	1,588,312	190,631	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	376,213	782,755	588,108	21,632,353	2,596,407	50.00
51.00	RECOVERY ROOM	210,679	3,670	129,637	3,110,519	373,328	51.00
52.00	DELIVERY ROOM & LABOR ROOM	60,194	6,706	38,057	2,416,176	289,992	52.00
53.00	ANESTHESIOLOGY	0	23,593	239,338	810,577	97,286	53.00
54.00	RADIOLOGY-DIAGNOSTIC	346,116	41,021	562,154	7,738,149	928,740	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	15,049	21,324	50,911	686,970	82,451	54.01
54.02	ULTRASOUND	90,291	2,616	113,096	1,023,826	122,881	54.02
55.00	RADIOLOGY-THERAPEUTIC	165,534	3,399	343,202	6,569,130	788,434	55.00
57.00	CT SCAN	120,388	12,132	503,259	1,584,108	190,126	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	135,437	3,932	132,715	667,267	80,086	58.00
59.00	CARDIAC CATHETERIZATION	30,097	408,169	483,178	9,258,852	1,111,257	59.00
60.00	LABORATORY	933,008	301,243	966,656	10,625,305	1,275,260	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,102	252	62.00
64.00	INTRAVENOUS THERAPY	45,146	12,503	79,096	2,048,782	245,897	64.00
65.00	RESPIRATORY THERAPY	120,388	13,280	137,197	2,262,646	271,565	65.00
66.00	PHYSICAL THERAPY	933,008	14,848	161,355	4,664,259	559,809	66.00
69.00	ELECTROCARDIOLOGY	180,582	2,498	157,243	1,244,704	149,391	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	130,911	917,481	110,117	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	409,646	409,646	49,166	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	432,718	6,689,843	802,922	73.00
75.01	RENAL DIALYSIS (IP)	0	0	7,216	350,286	42,042	75.01
76.00	CARDIAC REHAB	105,340	175	9,058	489,574	58,759	76.00
76.01	OP PSY/CDU	180,582	934	95,769	1,571,651	188,631	76.01
76.02	RI MMS	0	8,363	11,480	866,306	103,975	76.02
76.03	GENETIC/OAK PLAZA CLINICS	0	0	0	19,659	2,359	76.03
76.04	PAIN CLINIC	0	0	0	0	0	76.04
76.05	DIABETES	75,243	45	4,077	294,856	35,389	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	65	1,345	232,769	27,937	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	376,213	28,240	475,645	5,619,819	674,496	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	INFUSION	0	5,285	172,329	3,220,231	386,495	93.00
93.01	COMMUNITY HEALTH CENTERS	0	321	43,104	1,212,329	145,505	93.01
93.02	RASC	0	0	0	1,568,338	188,233	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	105,340	792	45,297	3,337,894	400,617	95.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	526,698	2,186	47,074	4,254,647	510,647	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description		DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	ADMIN & GENERAL	
		5.02	5.03	5.05	5A.05	5.06	
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	13,829,590	1,769,028	7,127,155	186,254,850	19,831,513	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	12,266	1,472	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	CARE-A-VAN	0	0	0	2,325	279	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	15,765	325,910	9,119,500	1,094,532	192.00
192.01	REFERENCE LAB	0	0	0	0	0	192.01
192.02	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	NONPAID WORKERS	346,116	1,445	0	782,686	93,939	193.00
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	14,175,706	1,786,238	7,453,065	196,171,627	21,021,735	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provi der CCN: 140186		Peri od: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/31/2012 9:51 am	
Cost Center Descri ption		MAI NTENANCE & REPAI RS	OPERATI ON OF PLANT	LAUNDRY & LI NEN SERVI CE	HOUSEKEEPI NG	DI ETARY	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNI CATIONS						5.01
5.02	DATA PROCESSI NG						5.02
5.03	PURCHASI NG						5.03
5.05	BUSI NESS OFFI CE						5.05
5.06	ADMI N & GENERAL						5.06
6.00	MAI NTENANCE & REPAI RS	8,185,953					6.00
7.00	OPERATI ON OF PLANT	0	5,251,977				7.00
8.00	LAUNDRY & LI NEN SERVI CE	0	79,579	813,614			8.00
9.00	HOUSEKEEPI NG	0	48,414	0	2,966,288		9.00
10.00	DI ETARY	0	203,704	5,408	135,737	2,209,710	10.00
11.00	CAFETERIA	0	186,396	0	124,204	0	11.00
13.00	NURSI NG ADMI NI STRATI ON	0	0	0	0	0	13.00
14.00	CENTRAL SERVI CES & SUPPLY	34,841	127,056	40,913	84,663	0	14.00
15.00	PHARMACY	0	47,177	0	31,436	0	15.00
16.00	MEDI CAL RECORDS & LIBRARY	0	113,158	0	75,402	0	16.00
17.00	SOCI AL SERVI CE	0	10,588	0	7,055	0	17.00
21.00	I&R SERVI CES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVI CES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECI FY)	0	3,230	0	2,152	0	23.00
<b>INPATI ENT ROUTI NE SERVI CE COST CENTERS</b>							
30.00	ADULTS & PEDI ATRI CS	501,045	1,198,457	326,798	798,579	1,271,130	30.00
31.00	I NTENSI VE CARE UNI T	310,250	77,605	42,984	51,712	51,609	31.00
32.00	CORONARY CARE UNI T	182,500	104,384	57,186	69,556	64,089	32.00
40.00	SUBPROVI DER - I PF	13,273	73,199	24,598	48,775	352,796	40.00
41.00	SUBPROVI DER - I RF	64,705	159,498	58,892	106,280	448,945	41.00
42.00	SUBPROVI DER	0	0	0	0	0	42.00
43.00	NURSERY	132,727	34,496	0	22,986	0	43.00
<b>ANCI LLARY SERVI CE COST CENTERS</b>							
50.00	OPERATI NG ROOM	1,055,182	312,914	37,793	208,508	0	50.00
51.00	RECOVERY ROOM	106,182	82,630	34,172	55,060	0	51.00
52.00	DELI VERY ROOM & LABOR ROOM	250,523	104,943	0	69,928	0	52.00
53.00	ANESTHESI OLOGY	645,386	8,135	1,785	5,421	0	53.00
54.00	RADI OLOGY-DI AGNOSTI C	914,159	149,049	46,391	99,318	0	54.00
54.01	NUCLEAR MEDI CI NE-DI AGNOSTI C	0	9,770	0	6,510	0	54.01
54.02	ULTRASOUND	38,159	9,013	0	6,006	0	54.02
55.00	RADI OLOGY-THERAPEUTI C	68,023	0	0	0	0	55.00
57.00	CT SCAN	24,886	11,465	0	7,640	0	57.00
58.00	MAGNETI C RESONANCE I MAGI NG (MRI )	1,659	23,768	0	15,838	0	58.00
59.00	CARDI AC CATHETERI ZATI ON	413,114	69,290	13,623	46,171	0	59.00
60.00	LABORATORY	305,273	129,827	0	86,509	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,387	0	2,923	0	62.00
64.00	I NTRAVENOUS THERAPY	1,071,771	0	0	0	0	64.00
65.00	RESPI RATORY THERAPY	355,045	24,965	2,325	16,635	0	65.00
66.00	PHYSI CAL THERAPY	540,864	365,375	17,045	243,465	0	66.00
69.00	ELECTROCARDI OLOGY	273,750	55,472	4,854	36,964	0	69.00
71.00	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	0	0	71.00
72.00	I MPL. DEV. CHARGED TO PATI ENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATI ENTS	0	0	0	0	0	73.00
75.01	RENAL DIALY SI S (I P)	43,136	0	0	0	0	75.01
76.00	CARDI AC REHAB	137,705	36,530	0	24,341	0	76.00
76.01	OP PSY/CDU	0	233,893	0	155,853	0	76.01
76.02	RI MMS	28,205	78,782	1,564	52,496	0	76.02
76.03	GENETI C/OAK PLAZA CLI NI CS	0	0	0	0	0	76.03
76.04	PAIN CLI NI C	0	0	0	0	0	76.04
76.05	DI ABETES	3,318	9,850	0	6,564	0	76.05
<b>OUTPATI ENT SERVI CE COST CENTERS</b>							
88.00	RURAL HEALTH CLI NI C	4,977	115,909	0	0	0	88.00
89.00	FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	308,591	173,176	67,780	115,395	21,141	91.00
92.00	OBSERVATI ON BEDS (NON-DI STI NCT PART)						92.00
93.00	I NFUSI ON	77,977	0	4,177	0	0	93.00
93.01	COMMUNI TY HEALTH CENTERS	9,955	0	0	0	0	93.01
93.02	RASC	0	0	8,784	0	0	93.02
<b>OTHER REI MBURSA BLE COST CENTERS</b>							
95.00	AMBULANCE SERVI CES	76,318	124,623	5,065	83,042	0	95.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	6,636	56,788	0	37,840	0	101.00
<b>SPECI AL PURPO SE COST CENTERS</b>							
109.00	PANCREAS ACQUI SI TI ON	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

Period:  
From 01/01/2011  
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,000,135	4,657,495	802,137	2,940,964	2,209,710	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,603	0	17,060	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	CARE-A-VAN	0	0	0	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	184,159	556,477	11,477	0	0	192.00
192.01	REFERENCE LAB	0	0	0	0	0	192.01
192.02	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	NONPAID WORKERS	1,659	12,402	0	8,264	0	193.00
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)	8,185,953	5,251,977	813,614	2,966,288	2,209,710	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

Period:  
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To 12/31/2011

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING						5.03
5.05	BUSINESS OFFICE						5.05
5.06	ADMIN & GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	1,460,941					11.00
13.00	NURSING ADMINISTRATION	55,587	1,199,588				13.00
14.00	CENTRAL SERVICES & SUPPLY	15,866	15,251	1,174,231			14.00
15.00	PHARMACY	46,910	0	0	1,442,404		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,190,443	16.00
17.00	SOCIAL SERVICE	29,734	0	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,832	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,906	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	2,934	0	6	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	333,858	346,909	0	138	123,146	30.00
31.00	INTENSIVE CARE UNIT	54,769	52,646	0	2,024	20,076	31.00
32.00	CORONARY CARE UNIT	58,797	56,517	0	1,553	19,635	32.00
40.00	SUBPROVIDER - IPF	135,498	130,244	0	12	54,329	40.00
41.00	SUBPROVIDER - IRF	41,704	40,087	0	12	15,318	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	21,226	20,403	0	145	5,402	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	97,998	94,198	0	33,214	251,787	50.00
51.00	RECOVERY ROOM	44,483	42,759	0	7,279	55,501	51.00
52.00	DELIVERY ROOM & LABOR ROOM	43,243	41,567	0	273	16,294	52.00
53.00	ANESTHESIOLOGY	3,654	3,512	0	10,516	102,468	53.00
54.00	RADIOLOGY-DIAGNOSTIC	54,417	0	0	86,255	240,675	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	4,482	0	0	601	21,796	54.01
54.02	ULTRASOUND	12,061	0	0	483	48,420	54.02
55.00	RADIOLOGY-THERAPEUTIC	17,000	0	0	701,438	146,935	55.00
57.00	CT SCAN	17,349	0	0	1,260	215,460	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,254	0	0	102	56,819	58.00
59.00	CARDIAC CATHETERIZATION	24,463	23,514	0	11,293	206,863	59.00
60.00	LABORATORY	86,549	0	0	297	413,674	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	4,156	3,995	0	90,145	33,863	64.00
65.00	RESPIRATORY THERAPY	34,222	32,895	0	1,208	58,738	65.00
66.00	PHYSICAL THERAPY	30,037	58,956	0	282	69,081	66.00
69.00	ELECTROCARDIOLOGY	16,774	16,124	0	985	67,320	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,174,231	0	56,047	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	175,382	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	185,260	73.00
75.01	RENAL DIALYSIS (IP)	0	0	0	0	3,089	75.01
76.00	CARDIAC REHAB	5,658	5,438	0	0	3,878	76.00
76.01	OP PSY/CDU	0	32,449	0	3	41,001	76.01
76.02	RI MMS	0	0	0	8,537	4,915	76.02
76.03	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	PAIN CLINIC	0	0	0	0	0	76.04
76.05	DIABETES	0	0	0	0	1,745	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	173	576	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	89,884	86,399	0	16,443	203,638	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	INFUSION	13,978	0	0	414,795	73,779	93.00
93.01	COMMUNITY HEALTH CENTERS	22,510	0	0	87	18,454	93.01
93.02	RASC	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	88,834	0	190	19,393	95.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	466	20,154	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

Period:  
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	INTEREST EXPENSE					0 113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,424,027	1,197,463	1,174,231	1,390,215	3,050,911 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
191.00	RESEARCH	0	0	0	0	0 191.00
191.01	SENIOR ADVAN	0	0	0	0	0 191.01
191.02	CARE-A-VAN	0	0	0	0	0 191.02
192.00	PHYSICIANS' PRIVATE OFFICES	36,914	2,125	0	41,610	139,532 192.00
192.01	REFERENCE LAB	0	0	0	0	0 192.01
192.02	MEALS ON WHEELS	0	0	0	0	0 192.02
193.00	NONPAID WORKERS	0	0	0	10,579	0 193.00
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)	1,460,941	1,199,588	1,174,231	1,442,404	3,190,443 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

Period:  
From 01/01/2011  
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	17.00	21.00	22.00	23.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.01 COMMUNICATIONS							5.01
5.02 DATA PROCESSING							5.02
5.03 PURCHASING							5.03
5.05 BUSINESS OFFICE							5.05
5.06 ADMIN & GENERAL							5.06
6.00 MAINTENANCE & REPAIRS							6.00
7.00 OPERATION OF PLANT							7.00
8.00 LAUNDRY & LINEN SERVICE							8.00
9.00 HOUSEKEEPING							9.00
10.00 DIETARY							10.00
11.00 CAFETERIA							11.00
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	1,078,263						17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,414,566					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,906				22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	195,036			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	599,924	1,186,724	1,598	55,431	25,530,248		30.00
31.00 INTENSIVE CARE UNIT	24,250	0	0	16,424	4,168,517		31.00
32.00 CORONARY CARE UNIT	18,385	88,160	119	32,848	4,315,503		32.00
40.00 SUBPROVIDER - IPF	41,281	0	0	0	6,651,752		40.00
41.00 SUBPROVIDER - IRF	370,399	0	0	0	3,656,038		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	0	0	0	2,053	2,018,381		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	19,512	0	0	8,212	26,348,078		50.00
51.00 RECOVERY ROOM	0	0	0	0	3,911,913		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,232,939		52.00
53.00 ANESTHESIOLOGY	0	0	0	0	1,688,740		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	10,257,153		54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	812,580		54.01
54.02 ULTRASOUND	0	0	0	0	1,260,849		54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	8,290,960		55.00
57.00 CT SCAN	0	0	0	0	2,052,294		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	850,793		58.00
59.00 CARDIAC CATHETERIZATION	0	17,174	23	0	11,195,637		59.00
60.00 LABORATORY	0	16,029	22	0	12,938,745		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	9,664		62.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	3,498,609		64.00
65.00 RESPIRATORY THERAPY	0	0	0	14,371	3,074,615		65.00
66.00 PHYSICAL THERAPY	0	0	0	0	6,549,173		66.00
69.00 ELECTROCARDIOLOGY	0	35,493	48	0	1,901,879		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,257,876		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	634,194		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	7,678,025		73.00
75.01 RENAL DIALYSIS (IP)	0	0	0	0	438,553		75.01
76.00 CARDIAC REHAB	0	0	0	0	761,883		76.00
76.01 OP PSY/CDU	0	0	0	0	2,223,481		76.01
76.02 RIMMS	0	0	0	0	1,144,780		76.02
76.03 GENETIC/OAK PLAZA CLINICS	0	0	0	0	22,018		76.03
76.04 PAIN CLINIC	0	0	0	0	0		76.04
76.05 DIABETES	0	0	0	0	351,722		76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0	382,341		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
91.00 EMERGENCY	0	70,986	96	65,697	7,513,541		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
93.00 INFUSION	0	0	0	0	4,191,432		93.00
93.01 COMMUNITY HEALTH CENTERS	0	0	0	0	1,408,840		93.01
93.02 RASC	0	0	0	0	1,765,355		93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 AMBULANCE SERVICES	0	0	0	0	4,135,976		95.00
99.10 CORF	0	0	0	0	0		99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	4,887,178		101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

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Part I  
Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00	22.00			
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,073,751	1,414,566	1,906	195,036	184,012,255	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	56,401	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	CARE-A-VAN	0	0	0	0	2,604	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	11,186,326	192.00
192.01	REFERENCE LAB	0	0	0	0	0	192.01
192.02	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	NONPAID WORKERS	4,512	0	0	0	914,041	193.00
200.00	Cross Foot Adjustments		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)	1,078,263	1,414,566	1,906	195,036	196,171,627	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.01 COMMUNICATIONS				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCHASING				5.03
5.05 BUSINESS OFFICE				5.05
5.06 ADMIN & GENERAL				5.06
6.00 MAINTENANCE & REPAIRS				6.00
7.00 OPERATION OF PLANT				7.00
8.00 LAUNDRY & LINEN SERVICE				8.00
9.00 HOUSEKEEPING				9.00
10.00 DIETARY				10.00
11.00 CAFETERIA				11.00
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
21.00 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00 PARAMED ED PRGM-(SPECIFY)				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	-1,188,322	24,341,926		30.00
31.00 INTENSIVE CARE UNIT	0	4,168,517		31.00
32.00 CORONARY CARE UNIT	-88,279	4,227,224		32.00
40.00 SUBPROVIDER - IPF	0	6,651,752		40.00
41.00 SUBPROVIDER - IRF	0	3,656,038		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	2,018,381		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	26,348,078		50.00
51.00 RECOVERY ROOM	0	3,911,913		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,232,939		52.00
53.00 ANESTHESIOLOGY	0	1,688,740		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	10,257,153		54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	812,580		54.01
54.02 ULTRASOUND	0	1,260,849		54.02
55.00 RADIOLOGY-THERAPEUTIC	0	8,290,960		55.00
57.00 CT SCAN	0	2,052,294		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	850,793		58.00
59.00 CARDIAC CATHETERIZATION	-17,197	11,178,440		59.00
60.00 LABORATORY	-16,051	12,922,694		60.00
60.01 BLOOD LABORATORY	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9,664		62.00
64.00 INTRAVENOUS THERAPY	0	3,498,609		64.00
65.00 RESPIRATORY THERAPY	0	3,074,615		65.00
66.00 PHYSICAL THERAPY	0	6,549,173		66.00
69.00 ELECTROCARDIOLOGY	-35,541	1,866,338		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,257,876		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	634,194		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	7,678,025		73.00
75.01 RENAL DIALYSIS (IP)	0	438,553		75.01
76.00 CARDIAC REHAB	0	761,883		76.00
76.01 OP PSY/CDU	0	2,223,481		76.01
76.02 RI MMS	0	1,144,780		76.02
76.03 GENETIC/OAK PLAZA CLINICS	0	22,018		76.03
76.04 PAIN CLINIC	0	0		76.04
76.05 DIABETES	0	351,722		76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	382,341		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
91.00 EMERGENCY	-71,082	7,442,459		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
93.00 INFUSION	0	4,191,432		93.00
93.01 COMMUNITY HEALTH CENTERS	0	1,408,840		93.01
93.02 RASC	0	1,765,355		93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 AMBULANCE SERVICES	0	4,135,976		95.00
99.10 CORF	0	0		99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
101.00	HOME HEALTH AGENCY	0	4,887,178	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-1,416,472	182,595,783	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	56,401	190.00
191.00	RESEARCH	0	0	191.00
191.01	SENIOR ADVAN	0	0	191.01
191.02	CARE-A-VAN	0	2,604	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	11,186,326	192.00
192.01	REFERENCE LAB	0	0	192.01
192.02	MEALS ON WHEELS	0	0	192.02
193.00	NONPAID WORKERS	0	914,041	193.00
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)	-1,416,472	194,755,155	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS	
	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	3,414	26,920	3,605	33,939	33,939
5.01	COMMUNICATIONS	0	1,605	0	1,605	0
5.02	DATA PROCESSING	4,891,771	87,152	5,165,018	10,143,941	959
5.03	PURCHASING	334,303	178,679	352,977	865,959	250
5.05	BUSINESS OFFICE	122,871	103,134	129,734	355,739	1,612
5.06	ADMIN & GENERAL	210,979	484,278	222,764	918,021	2,656
6.00	MAINTENANCE & REPAIRS	533,078	140,667	562,855	1,236,600	539
7.00	OPERATION OF PLANT	615,151	1,264,563	649,513	2,529,227	253
8.00	LAUNDRY & LINEN SERVICE	2,064	38,126	2,179	42,369	201
9.00	HOUSEKEEPING	54,896	23,195	57,962	136,053	678
10.00	DIETARY	79,169	97,593	83,591	260,353	253
11.00	CAFETERIA	0	89,301	0	89,301	468
13.00	NURSING ADMINISTRATION	33,441	0	35,309	68,750	37
14.00	CENTRAL SERVICES & SUPPLY	44,800	60,871	47,302	152,973	125
15.00	PHARMACY	542,909	22,602	573,235	1,138,746	0
16.00	MEDICAL RECORDS & LIBRARY	101,821	54,213	107,509	263,543	558
17.00	SOCIAL SERVICE	903	5,073	953	6,929	66
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,120	1,120	32
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,061	0	0	1,061	0
23.00	PARAMED ED PRGM-(SPECIFY)	2,054	1,548	2,169	5,771	42
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	124,750	574,171	131,718	830,639	4,675
31.00	INTENSIVE CARE UNIT	64,475	37,180	68,077	169,732	789
32.00	CORONARY CARE UNIT	5,607	50,010	5,920	61,537	924
40.00	SUBPROVIDER - IPF	0	35,069	0	35,069	1,382
41.00	SUBPROVIDER - IRF	12,890	76,414	13,610	102,914	522
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	11,597	16,527	12,245	40,369	351
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	1,282,101	149,915	1,353,718	2,785,734	1,458
51.00	RECOVERY ROOM	38,800	39,587	40,967	119,354	769
52.00	DELIVERY ROOM & LABOR ROOM	144,882	50,277	152,975	348,134	617
53.00	ANESTHESIOLOGY	3,069	3,898	3,240	10,207	34
54.00	RADIOLOGY-DIAGNOSTIC	1,060,608	95,186	1,119,853	2,275,647	1,186
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	13,827	4,681	14,599	33,107	55
54.02	ULTRASOUND	97,843	4,318	103,308	205,469	204
55.00	RADIOLOGY-THERAPEUTIC	148,163	0	156,439	304,602	251
57.00	CT SCAN	10,612	5,493	11,205	27,310	197
58.00	MAGNETIC RESONANCE IMAGING (MRI)	58,317	11,387	61,575	131,279	60
59.00	CARDIAC CATHETERIZATION	669,139	33,197	706,516	1,408,852	398
60.00	LABORATORY	159,842	62,199	168,771	390,812	1,018
60.01	BLOOD LABORATORY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,102	0	2,102	0
64.00	INTRAVENOUS THERAPY	0	0	0	0	302
65.00	RESPIRATORY THERAPY	63,779	11,960	67,342	143,081	515
66.00	PHYSICAL THERAPY	35,074	175,048	37,033	247,155	902
69.00	ELECTROCARDIOLOGY	90,383	26,576	95,432	212,391	208
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	707
75.01	RENAL DIALYSIS (IP)	0	0	0	0	0
76.00	CARDIAC REHAB	24,016	17,501	25,358	66,875	129
76.01	OP PSY/CDU	4,219	112,056	4,455	120,730	382
76.02	RIIMS	4,933	37,744	5,209	47,886	185
76.03	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0
76.04	PAIN CLINIC	0	0	0	0	0
76.05	DIABETES	1,531	4,719	1,617	7,867	59
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	605	55,531	639	56,775	49
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	EMERGENCY	117,940	82,967	124,528	325,435	1,207
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	INFUSION	5,781	0	6,104	11,885	169
93.01	COMMUNITY HEALTH CENTERS	9,964	282,472	10,521	302,957	440
93.02	RASC	0	0	0	0	19
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	124,220	59,706	131,159	315,085	1,029

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	55,997	27,207	59,125	142,329	1,110	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	12,019,649	4,824,618	12,691,053	29,535,320	31,031	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,266	0	12,266	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 SENIOR ADVAN	0	0	0	0	0	191.01
191.02 CARE-A-VAN	0	0	0	0	0	191.02
192.00 PHYSICIANS' PRIVATE OFFICES	104,647	616,004	110,492	831,143	2,777	192.00
192.01 REFERENCE LAB	0	0	0	0	0	192.01
192.02 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	112	351,033	118	351,263	131	193.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	12,124,408	5,803,921	12,801,663	30,729,992	33,939	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140186			Peri od: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/31/2012 9: 51 am	
Cost Center Descri ption		COMMUNI CATION S	DATA PROCESSI NG	PURCHASI NG	BUSI NESS OFFI CE	ADMI N & GENERAL		
		5. 01	5. 02	5. 03	5. 05	5. 06		
<b>GENERAL SERVICE COST CENTERS</b>								
1. 00	NEW CAP REL COSTS-BLDG & FIXT							1. 00
2. 00	NEW CAP REL COSTS-MVBLE EQUIP							2. 00
4. 00	EMPLOYEE BENEFITS							4. 00
5. 01	COMMUNI CATIONS	1, 605						5. 01
5. 02	DATA PROCESSING	112	10, 145, 012					5. 02
5. 03	PURCHASING	21	161, 545	1, 027, 775				5. 03
5. 05	BUSI NESS OFFICE	64	1, 561, 600	411	1, 919, 426			5. 05
5. 06	ADMI N & GENERAL	305	1, 583, 138	2, 088	153	2, 506, 361		5. 06
6. 00	MAI NTENANCE & REPAI RS	55	226, 163	2, 241	0	104, 588		6. 00
7. 00	OPERATION OF PLANT	24	183, 084	34	0	67, 102		7. 00
8. 00	LAUNDRY & LI NEN SERVI CE	1	0	627	0	9, 378		8. 00
9. 00	HOUSEKEEPING	11	64, 618	694	0	37, 280		9. 00
10. 00	DI ETARY	20	107, 697	278	0	23, 826		10. 00
11. 00	CAFETERIA	0	0	0	0	14, 697		11. 00
13. 00	NURSI NG ADMI NI STRATION	22	118, 466	253	0	14, 616		13. 00
14. 00	CENTRAL SERVI CES & SUPPLY	6	53, 848	5, 587	0	10, 932		14. 00
15. 00	PHARMACY	14	204, 623	9, 205	0	16, 825		15. 00
16. 00	MEDI CAL RECORDS & LIBRARY	71	312, 320	31	0	38, 354		16. 00
17. 00	SOCI AL SERVI CE	13	226, 163	5	0	13, 171		17. 00
21. 00	I & R SERVI CES-SALARY & FRINGES APPRVD	0	0	1	0	18, 050		21. 00
22. 00	I & R SERVI CES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22. 00
23. 00	PARAMED ED PRGM-(SPECI FY)	0	0	313	0	2, 386		23. 00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30. 00	ADULTS & PEDI ATRICS	215	1, 012, 347	9, 473	74, 066	240, 027		30. 00
31. 00	I NTENSIVE CARE UNI T	14	86, 157	2, 588	12, 075	44, 260		31. 00
32. 00	CORONARY CARE UNI T	13	96, 927	2, 370	11, 810	45, 507		32. 00
40. 00	SUBPROVI DER - I PF	14	32, 309	618	32, 676	73, 820		40. 00
41. 00	SUBPROVI DER - I RF	20	161, 545	548	9, 213	30, 027		41. 00
42. 00	SUBPROVI DER	0	0	0	0	0		42. 00
43. 00	NURSERY	6	32, 309	2, 296	3, 249	22, 729		43. 00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50. 00	OPERATI NG ROOM	38	269, 241	450, 383	151, 435	309, 526		50. 00
51. 00	RECOVERY ROOM	29	150, 775	2, 112	33, 381	44, 512		51. 00
52. 00	DELI VERY ROOM & LABOR ROOM	8	43, 079	3, 858	9, 800	34, 575		52. 00
53. 00	ANESTHESI OLOGY	1	0	13, 575	61, 628	11, 599		53. 00
54. 00	RADI OLOGY-DI AGNOSTI C	22	247, 702	23, 603	144, 752	110, 733		54. 00
54. 01	NUCLEAR MEDI CI NE-DI AGNOSTI C	3	10, 770	12, 270	13, 109	9, 831		54. 01
54. 02	ULTRASOUND	6	64, 618	1, 505	29, 122	14, 651		54. 02
55. 00	RADI OLOGY-THERAPEUTI C	22	118, 466	1, 956	88, 373	94, 004		55. 00
57. 00	CT SCAN	8	86, 157	6, 980	129, 587	22, 669		57. 00
58. 00	MAGNETI C RESONANCE I MAGING (MRI )	8	96, 927	2, 263	34, 174	9, 549		58. 00
59. 00	CARDI AC CATHETERI ZATION	7	21, 539	234, 856	124, 416	132, 494		59. 00
60. 00	LABORATORY	46	667, 718	173, 332	249, 205	152, 048		60. 00
60. 01	BLOOD LABORATORY	0	0	0	0	0		60. 01
62. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	30		62. 00
64. 00	I NTRAVENOUS THERAPY	3	32, 309	7, 194	20, 367	29, 318		64. 00
65. 00	RESPI RATORY THERAPY	10	86, 157	7, 641	35, 328	32, 378		65. 00
66. 00	PHYSI CAL THERAPY	41	667, 718	8, 544	41, 548	66, 746		66. 00
69. 00	ELECTROCARDI OLOGY	22	129, 236	1, 437	40, 489	17, 812		69. 00
71. 00	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	33, 709	13, 129		71. 00
72. 00	I MPL. DEV. CHARGED TO PATI ENT	0	0	0	105, 482	5, 862		72. 00
73. 00	DRUGS CHARGED TO PATI ENTS	0	0	0	111, 423	95, 732		73. 00
75. 01	RENAL DI ALYSIS (I P)	0	0	0	1, 858	5, 013		75. 01
76. 00	CARDI AC REHAB	6	75, 388	101	2, 332	7, 006		76. 00
76. 01	OP PSY/CDU	0	129, 236	537	24, 660	22, 490		76. 01
76. 02	RI MMS	17	0	4, 812	2, 956	12, 397		76. 02
76. 03	GENETI C/OAK PLAZA CLI NICS	25	0	0	0	281		76. 03
76. 04	PAIN CLI NIC	0	0	0	0	0		76. 04
76. 05	DI ABETES	6	53, 848	26	1, 050	4, 219		76. 05
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88. 00	RURAL HEALTH CLI NIC	6	0	38	346	3, 331		88. 00
89. 00	FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0		89. 00
91. 00	EMERGENCY	74	269, 241	16, 249	122, 476	80, 420		91. 00
92. 00	OBSERVATI ON BEDS (NON-DI STI NCT PART)							92. 00
93. 00	I NFUSION	0	0	3, 041	44, 374	46, 082		93. 00
93. 01	COMMUNI TY HEALTH CENTERS	3	0	185	11, 099	17, 348		93. 01
93. 02	RASC	0	0	0	0	22, 443		93. 02
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95. 00	AMBULANCE SERVI CES	6	75, 388	456	11, 664	47, 765		95. 00
99. 10	CORF	0	0	0	0	0		99. 10
101. 00	HOME HEALTH AGENCY	27	376, 938	1, 258	12, 121	60, 884		101. 00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109. 00	PANCREAS ACQUI SI TI ON	0	0	0	0	0		109. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description	COMMUNICATI ON S	DATA PROCESSI NG	PURCHASI NG	BUSI NESS OFFI CE	ADMIN & GENERAL	
	5.01	5.02	5.03	5.05	5.06	
110.00	0	0	0	0	0	110.00
111.00	0	0	0	0	0	111.00
113.00						113.00
118.00	1,465	9,897,310	1,017,873	1,835,506	2,364,452	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	0	0	0	0	176	190.00
191.00	0	0	0	0	0	191.00
191.01	0	0	0	0	0	191.01
191.02	0	0	0	0	33	191.02
192.00	67	0	9,071	83,920	130,500	192.00
192.01	0	0	0	0	0	192.01
192.02	0	0	0	0	0	192.02
193.00	73	247,702	831	0	11,200	193.00
200.00						200.00
201.00	0	0	0	0	0	201.00
202.00	1,605	10,145,012	1,027,775	1,919,426	2,506,361	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140186		Peri od: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/31/2012 9:51 am	
Cost Center Descri ption		MAI NTENANCE & REPAI RS	OPERATI ON OF PLANT	LAUNDRY & LI NEN SERVI CE	HOUSEKEEPI NG	DI ETARY	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNI CATIONS						5.01
5.02	DATA PROCESSI NG						5.02
5.03	PURCHASI NG						5.03
5.05	BUSI NESS OFFI CE						5.05
5.06	ADMI N & GENERAL						5.06
6.00	MAI NTENANCE & REPAI RS	1,570,186					6.00
7.00	OPERATI ON OF PLANT	0	2,779,724				7.00
8.00	LAUNDRY & LI NEN SERVI CE	0	42,119	94,695			8.00
9.00	HOUSEKEEPI NG	0	25,624	0	264,958		9.00
10.00	DI ETARY	0	107,815	629	12,124	512,995	10.00
11.00	CAFETERI A	0	98,654	0	11,094	0	11.00
13.00	NURSI NG ADMI NI STRATI ON	0	0	0	0	0	13.00
14.00	CENTRAL SERVI CES & SUPPLY	6,683	67,247	4,762	7,562	0	14.00
15.00	PHARMACY	0	24,970	0	2,808	0	15.00
16.00	MEDI CAL RECORDS & LIBRARY	0	59,891	0	6,735	0	16.00
17.00	SOCI AL SERVI CE	0	5,604	0	630	0	17.00
21.00	I&R SERVI CES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVI CES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECI FY)	0	1,710	0	192	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDI ATRI CS	96,108	634,308	38,034	71,335	295,099	30.00
31.00	I NTENSI VE CARE UNI T	59,510	41,074	5,003	4,619	11,981	31.00
32.00	CORONARY CARE UNI T	35,006	55,248	6,656	6,213	14,879	32.00
40.00	SUBPROVI DER - I PF	2,546	38,742	2,863	4,357	81,903	40.00
41.00	SUBPROVI DER - I RF	12,411	84,418	6,854	9,493	104,225	41.00
42.00	SUBPROVI DER	0	0	0	0	0	42.00
43.00	NURSERY	25,459	18,258	0	2,053	0	43.00
<b>ANCI LLARY SERVI CE COST CENTERS</b>							
50.00	OPERATI NG ROOM	202,399	165,616	4,399	18,625	0	50.00
51.00	RECOVERY ROOM	20,367	43,734	3,977	4,918	0	51.00
52.00	DELI VERY ROOM & LABOR ROOM	48,054	55,543	0	6,246	0	52.00
53.00	ANESTHESI OLOGY	123,795	4,306	208	484	0	53.00
54.00	RADI OLOGY-DI AGNOSTI C	175,349	78,888	5,399	8,871	0	54.00
54.01	NUCLEAR MEDI CI NE-DI AGNOSTI C	0	5,171	0	582	0	54.01
54.02	ULTRASOUND	7,319	4,770	0	536	0	54.02
55.00	RADI OLOGY-THERAPEUTI C	13,048	0	0	0	0	55.00
57.00	CT SCAN	4,774	6,068	0	682	0	57.00
58.00	MAGNETI C RESONANCE I MAGI NG (MRI )	318	12,580	0	1,415	0	58.00
59.00	CARDI AC CATHETERI ZATI ON	79,241	36,673	1,586	4,124	0	59.00
60.00	LABORATORY	58,556	68,714	0	7,727	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,322	0	261	0	62.00
64.00	I NTRAVENOUS THERAPY	205,584	0	0	0	0	64.00
65.00	RESPI RATORY THERAPY	68,103	13,213	271	1,486	0	65.00
66.00	PHYSI CAL THERAPY	103,746	193,383	1,984	21,747	0	66.00
69.00	ELECTROCARDI OLOGY	52,509	29,360	565	3,302	0	69.00
71.00	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	0	0	71.00
72.00	I MPL. DEV. CHARGED TO PATI ENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATI ENTS	0	0	0	0	0	73.00
75.01	RENAL DIALY SI S (I P)	8,274	0	0	0	0	75.01
76.00	CARDI AC REHAB	26,414	19,334	0	2,174	0	76.00
76.01	OP PSY/CDU	0	123,793	0	13,921	0	76.01
76.02	RI MMS	5,410	41,697	182	4,689	0	76.02
76.03	GENETI C/OAK PLAZA CLI NI CS	0	0	0	0	0	76.03
76.04	PAIN CLI NI C	0	0	0	0	0	76.04
76.05	DI ABETES	636	5,213	0	586	0	76.05
<b>OUTPATIENT SERVI CE COST CENTERS</b>							
88.00	RURAL HEALTH CLI NI C	955	61,348	0	0	0	88.00
89.00	FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	59,192	91,657	7,889	10,307	4,908	91.00
92.00	OBSERVATI ON BEDS (NON-DI STI NCT PART)						92.00
93.00	I NFUSI ON	14,957	0	486	0	0	93.00
93.01	COMMUNI TY HEALTH CENTERS	1,909	0	0	0	0	93.01
93.02	RASC	0	0	1,022	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVI CES	14,639	65,960	590	7,418	0	95.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	1,273	30,056	0	3,380	0	101.00
<b>SPECI AL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUI SI TI ON	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

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Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	6.00	7.00	8.00	9.00	10.00	
110.00	0	0	0	0	0	110.00
111.00	0	0	0	0	0	111.00
113.00	0	0	0	0	0	113.00
118.00	1,534,544	2,465,081	93,359	262,696	512,995	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	0	13,551	0	1,524	0	190.00
191.00	0	0	0	0	0	191.00
191.01	0	0	0	0	0	191.01
191.02	0	0	0	0	0	191.02
192.00	35,324	294,528	1,336	0	0	192.00
192.01	0	0	0	0	0	192.01
192.02	0	0	0	0	0	192.02
193.00	318	6,564	0	738	0	193.00
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	1,570,186	2,779,724	94,695	264,958	512,995	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140186		Peri od: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/31/2012 9:51 am	
Cost Center Descri ption		CAFETERIA	NURSI NG ADMI NI STRATI O N	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNI CATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING						5.03
5.05	BUSI NESS OFFICE						5.05
5.06	ADMI N & GENERAL						5.06
6.00	MAI NTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DI ETARY						10.00
11.00	CAFETERIA	214,214					11.00
13.00	NURSI NG ADMI NI STRATI ON	8,151	210,295				13.00
14.00	CENTRAL SERVI CES & SUPPLY	2,326	2,674	314,725			14.00
15.00	PHARMACY	6,878	0	0	1,404,069		15.00
16.00	MEDI CAL RECORDS & LI BRARY	0	0	0	0	681,503	16.00
17.00	SOCI AL SERVICE	4,360	0	0	0	0	17.00
21.00	I&R SERVI CES-SALARY & FRINGES APPRVD	0	321	0	0	0	21.00
22.00	I&R SERVI CES-OTHER PRGM COSTS APPRVD	279	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECI FY)	0	514	0	6	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDI ATRI CS	48,951	60,815	0	134	26,303	30.00
31.00	INTENSI VE CARE UNI T	8,031	9,229	0	1,970	4,288	31.00
32.00	CORONARY CARE UNI T	8,621	9,908	0	1,512	4,194	32.00
40.00	SUBPROVI DER - IPF	19,868	22,833	0	12	11,604	40.00
41.00	SUBPROVI DER - IRF	6,115	7,027	0	11	3,272	41.00
42.00	SUBPROVI DER	0	0	0	0	0	42.00
43.00	NURSERY	3,112	3,577	0	141	1,154	43.00
<b>ANCI LLARY SERVICE COST CENTERS</b>							
50.00	OPERATI NG ROOM	14,369	16,514	0	32,332	53,779	50.00
51.00	RECOVERY ROOM	6,522	7,496	0	7,085	11,854	51.00
52.00	DELI VERY ROOM & LABOR ROOM	6,341	7,287	0	266	3,480	52.00
53.00	ANESTHESI OLOGY	536	616	0	10,236	21,886	53.00
54.00	RADI OLOGY-DI AGNOSTI C	7,979	0	0	83,963	51,405	54.00
54.01	NUCLEAR MEDI CI NE-DI AGNOSTI C	657	0	0	585	4,655	54.01
54.02	ULTRASOUND	1,768	0	0	470	10,342	54.02
55.00	RADI OLOGY-THERAPEUTI C	2,493	0	0	682,792	31,384	55.00
57.00	CT SCAN	2,544	0	0	1,227	46,020	57.00
58.00	MAGNETI C RESONANCE IMAGI NG (MRI)	770	0	0	100	12,136	58.00
59.00	CARDI AC CATHETERI ZATI ON	3,587	4,122	0	10,993	44,183	59.00
60.00	LABORATORY	12,691	0	0	290	88,417	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	609	700	0	87,750	7,233	64.00
65.00	RESPI RATORY THERAPY	5,018	5,767	0	1,176	12,546	65.00
66.00	PHYSI CAL THERAPY	4,404	10,335	0	274	14,755	66.00
69.00	ELECTROCARDI OLOGY	2,460	2,827	0	959	14,379	69.00
71.00	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	314,725	0	11,971	71.00
72.00	IMPL. DEV. CHARGED TO PATI ENT	0	0	0	0	37,459	72.00
73.00	DRUGS CHARGED TO PATI ENTS	0	0	0	0	39,569	73.00
75.01	RENAL DIALYSIS (IP)	0	0	0	0	660	75.01
76.00	CARDI AC REHAB	830	953	0	0	828	76.00
76.01	OP PSY/CDU	0	5,688	0	3	8,757	76.01
76.02	RI MMS	0	0	0	8,310	1,050	76.02
76.03	GENETI C/OAK PLAZA CLI NICS	0	0	0	0	0	76.03
76.04	PAI N CLI NIC	0	0	0	0	0	76.04
76.05	DI ABETES	0	0	0	0	373	76.05
<b>OUTPATI ENT SERVI CE COST CENTERS</b>							
88.00	RURAL HEALTH CLI NIC	0	0	0	169	123	88.00
89.00	FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	13,180	15,146	0	16,006	43,495	91.00
92.00	OBSERVATI ON BEDS (NON-DI STI NCT PART)						92.00
93.00	INFUSI ON	2,050	0	0	403,772	15,758	93.00
93.01	COMMUNI TY HEALTH CENTERS	3,301	0	0	84	3,942	93.01
93.02	RASC	0	0	0	0	0	93.02
<b>OTHER REI MBURSA BLE COST CENTERS</b>							
95.00	AMBULANCE SERVI CES	0	15,573	0	185	4,142	95.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	454	4,305	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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To 12/31/2011

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
113.00	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	208,801	209,922	314,725	1,353,267	651,701 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	191.00
191.01	SENIOR ADVAN	0	0	0	0	191.01
191.02	CARE-A-VAN	0	0	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	5,413	373	0	40,504	29,802 192.00
192.01	REFERENCE LAB	0	0	0	0	192.01
192.02	MEALS ON WHEELS	0	0	0	0	192.02
193.00	NONPAID WORKERS	0	0	0	10,298	193.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	214,214	210,295	314,725	1,404,069	681,503 202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	I NTERN S & RESI DENTS				PARAM ED PRGM	Subtotal	
	SOCI AL SERVI CE	SERVI CES-SALA RY & FRI NGES	SERVI CES-OTHE R PRGM COSTS				
	17.00	21.00	22.00	23.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.01 COMMUNI CATIONS							5.01
5.02 DATA PROCESSING							5.02
5.03 PURCHASING							5.03
5.05 BUSI NESS OFFICE							5.05
5.06 ADMI N & GENERAL							5.06
6.00 MAINTENANCE & REPAI RS							6.00
7.00 OPERATION OF PLANT							7.00
8.00 LAUNDRY & LINEN SERVICE							8.00
9.00 HOUSEKEEPING							9.00
10.00 DIETARY							10.00
11.00 CAFETERIA							11.00
13.00 NURSING ADMINI STRATION							13.00
14.00 CENTRAL SERVI CES & SUPPLY							14.00
15.00 PHARMACY							15.00
16.00 MEDI CAL RECORDS & LIBRARY							16.00
17.00 SOCI AL SERVI CE	256,941						17.00
21.00 I&R SERVI CES-SALARY & FRI NGES APPRVD	0	19,524					21.00
22.00 I&R SERVI CES-OTHE R PRGM COSTS APPRVD	0		1,340				22.00
23.00 PARAM ED PRGM-(SPECI FY)	0			10,934			23.00
<b>INPATIENT ROUTI NE SERVI CE COST CENTERS</b>							
30.00 ADULTS & PEDI ATRI CS	142,957					3,585,486	30.00
31.00 INTENSIVE CARE UNIT	5,778					467,098	31.00
32.00 CORONARY CARE UNIT	4,381					365,706	32.00
40.00 SUBPROVI DER - I PF	9,837					370,453	40.00
41.00 SUBPROVI DER - I RF	88,263					626,878	41.00
42.00 SUBPROVI DER	0					0	42.00
43.00 NURSERY	0					155,063	43.00
<b>ANCI LLARY SERVI CE COST CENTERS</b>							
50.00 OPERATI NG ROOM	4,650					4,480,498	50.00
51.00 RECOVERY ROOM	0					456,885	51.00
52.00 DELI VERY ROOM & LABOR ROOM	0					567,288	52.00
53.00 ANESTHESI OLOGY	0					259,111	53.00
54.00 RADI OLOGY-DI AGNOSTI C	0					3,215,499	54.00
54.01 NUCLEAR MEDI CI NE-DI AGNOSTI C	0					90,795	54.01
54.02 ULTRASOUND	0					340,780	54.02
55.00 RADI OLOGY-THERAPEUTI C	0					1,337,391	55.00
57.00 CT SCAN	0					334,223	57.00
58.00 MAGNETI C RESONANCE I MAGING (MRI )	0					301,579	58.00
59.00 CARDI AC CATHETERI ZATION	0					2,107,071	59.00
60.00 LABORATORY	0					1,870,574	60.00
60.01 BLOOD LABORATORY	0					0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0					4,715	62.00
64.00 I NTRAVENOUS THERAPY	0					391,369	64.00
65.00 RESPI RATORY THERAPY	0					412,690	65.00
66.00 PHYSI CAL THERAPY	0					1,383,282	66.00
69.00 ELECTROCARDI OLOGY	0					507,956	69.00
71.00 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0					373,534	71.00
72.00 I MPL. DEV. CHARGED TO PATI ENT	0					148,803	72.00
73.00 DRUGS CHARGED TO PATI ENTS	0					247,431	73.00
75.01 RENAL DI ALYSI S (I P)	0					15,805	75.01
76.00 CARDI AC REHAB	0					202,370	76.00
76.01 OP PSY/CDU	0					450,197	76.01
76.02 RI MMS	0					129,591	76.02
76.03 GENETI C/OAK PLAZA CLI NICS	0					306	76.03
76.04 PAI N CLI NIC	0					0	76.04
76.05 DI ABETES	0					73,883	76.05
<b>OUTPATI ENT SERVI CE COST CENTERS</b>							
88.00 RURAL HEALTH CLI NIC	0					123,140	88.00
89.00 FEDERALLY QUALI FIED HEALTH CENTER	0					0	89.00
91.00 EMERGENCY	0					1,076,882	91.00
92.00 OBSERVATI ON BEDS (NON-DI STI NCT PART)	0					0	92.00
93.00 I NFUSI ON	0					542,574	93.00
93.01 COMMUNI TY HEALTH CENTERS	0					341,268	93.01
93.02 RASC	0					23,484	93.02
<b>OTHER REI MBURSABLE COST CENTERS</b>							
95.00 AMBULANCE SERVI CES	0					559,900	95.00
99.10 CORF	0					0	99.10
101.00 HOME HEALTH AGENCY	0					634,135	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	17.00	21.00	22.00	23.00			
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0				0	109.00
110.00	INTESTINAL ACQUISITION	0				0	110.00
111.00	ISLET ACQUISITION	0				0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	255,866	0	0	0	28,575,693	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				27,517	190.00
191.00	RESEARCH	0				0	191.00
191.01	SENIOR ADVAN	0				0	191.01
191.02	CARE-A-VAN	0				33	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0				1,464,758	192.00
192.01	REFERENCE LAB	0				0	192.01
192.02	MEALS ON WHEELS	0				0	192.02
193.00	NONPAID WORKERS	1,075				630,193	193.00
200.00	Cross Foot Adjustments		19,524	1,340	10,934	31,798	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	256,941	19,524	1,340	10,934	30,729,992	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/31/2012 9:51 am
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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.01 COMMUNI CATIONS			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING			5.03
5.05 BUSINESS OFFICE			5.05
5.06 ADMIN & GENERAL			5.06
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DI ETARY			10.00
11.00 CAFETERIA			11.00
13.00 NURSING ADMINI STRATION			13.00
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDI CAL RECORDS & LI BRARY			16.00
17.00 SOCI AL SERVI CE			17.00
21.00 I&R SERVI CES-SALARY & FRINGES APPRVD			21.00
22.00 I&R SERVI CES-OTHER PRGM COSTS APPRVD			22.00
23.00 PARAMED ED PRGM-(SPECI FY)			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	0	3,585,486	30.00
31.00 INTENSIVE CARE UNIT	0	467,098	31.00
32.00 CORONARY CARE UNIT	0	365,706	32.00
40.00 SUBPROVI DER - I PF	0	370,453	40.00
41.00 SUBPROVI DER - I RF	0	626,878	41.00
42.00 SUBPROVI DER	0	0	42.00
43.00 NURSERY	0	155,063	43.00
<b>ANCI LLARY SERVI CE COST CENTERS</b>			
50.00 OPERATI NG ROOM	0	4,480,498	50.00
51.00 RECOVERY ROOM	0	456,885	51.00
52.00 DELI VERY ROOM & LABOR ROOM	0	567,288	52.00
53.00 ANESTHESI OLOGY	0	259,111	53.00
54.00 RADI OLOGY-DI AGNOSTI C	0	3,215,499	54.00
54.01 NUCLEAR MEDI CI NE-DI AGNOSTI C	0	90,795	54.01
54.02 ULTRASOUND	0	340,780	54.02
55.00 RADI OLOGY-THERAPEUTI C	0	1,337,391	55.00
57.00 CT SCAN	0	334,223	57.00
58.00 MAGNETI C RESONANCE I MAGING (MRI )	0	301,579	58.00
59.00 CARDI AC CATHETERI ZATION	0	2,107,071	59.00
60.00 LABORATORY	0	1,870,574	60.00
60.01 BLOOD LABORATORY	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,715	62.00
64.00 INTRAVENOUS THERAPY	0	391,369	64.00
65.00 RESPI RATORY THERAPY	0	412,690	65.00
66.00 PHYSI CAL THERAPY	0	1,383,282	66.00
69.00 ELECTROCARDI OLOGY	0	507,956	69.00
71.00 MEDI CAL SUPPLI ES CHARGED TO PATIENTS	0	373,534	71.00
72.00 I MPL. DEV. CHARGED TO PATIENT	0	148,803	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	247,431	73.00
75.01 RENAL DI ALYSI S (I P)	0	15,805	75.01
76.00 CARDI AC REHAB	0	202,370	76.00
76.01 OP PSY/CDU	0	450,197	76.01
76.02 RI MMS	0	129,591	76.02
76.03 GENETI C/OAK PLAZA CLI NI CS	0	306	76.03
76.04 PAIN CLI NI C	0	0	76.04
76.05 DI ABETES	0	73,883	76.05
<b>OUTPATIENT SERVI CE COST CENTERS</b>			
88.00 RURAL HEALTH CLI NI C	0	123,140	88.00
89.00 FEDERALLY QUALI FIED HEALTH CENTER	0	0	89.00
91.00 EMERGENCY	0	1,076,882	91.00
92.00 OBSERVATION BEDS (NON-DI STI NCT PART)	0		92.00
93.00 I NFUSION	0	542,574	93.00
93.01 COMMUNI TY HEALTH CENTERS	0	341,268	93.01
93.02 RASC	0	23,484	93.02
<b>OTHER REI MBURSABLE COST CENTERS</b>			
95.00 AMBULANCE SERVI CES	0	559,900	95.00
99.10 CORF	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
101.00	HOME HEALTH AGENCY	0	634,135	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	28,575,693	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,517	190.00
191.00	RESEARCH	0	0	191.00
191.01	SENIOR ADVAN	0	0	191.01
191.02	CARE-A-VAN	0	33	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,464,758	192.00
192.01	REFERENCE LAB	0	0	192.01
192.02	MEALS ON WHEELS	0	0	192.02
193.00	NONPAID WORKERS	0	630,193	193.00
200.00	Cross Foot Adjustments	0	31,798	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	30,729,992	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	607,552					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		12,124,408				2.00
4.00 EMPLOYEE BENEFITS	2,818	3,414	21,153,972			4.00
5.01 COMMUNICATIONS	168	0	0	1,148		5.01
5.02 DATA PROCESSING	9,123	4,891,771	597,989	80	942	5.02
5.03 PURCHASING	18,704	334,303	155,722	15	15	5.03
5.05 BUSINESS OFFICE	10,796	122,871	1,005,002	46	145	5.05
5.06 ADMIN & GENERAL	50,694	210,979	1,655,552	220	147	5.06
6.00 MAINTENANCE & REPAIRS	14,725	533,078	335,918	39	21	6.00
7.00 OPERATION OF PLANT	132,374	615,151	157,726	17	17	7.00
8.00 LAUNDRY & LINEN SERVICE	3,991	2,064	125,537	1	0	8.00
9.00 HOUSEKEEPING	2,428	54,896	422,697	8	6	9.00
10.00 DIETARY	10,216	79,169	158,040	14	10	10.00
11.00 CAFETERIA	9,348	0	291,987	0	0	11.00
13.00 NURSING ADMINISTRATION	0	33,441	23,323	16	11	13.00
14.00 CENTRAL SERVICES & SUPPLY	6,372	44,800	77,690	4	5	14.00
15.00 PHARMACY	2,366	542,909	0	10	19	15.00
16.00 MEDICAL RECORDS & LIBRARY	5,675	101,821	347,697	51	29	16.00
17.00 SOCIAL SERVICE	531	903	40,899	9	21	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,061	20,088	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	162	2,054	26,012	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	60,104	124,750	2,910,444	154	94	30.00
31.00 INTENSIVE CARE UNIT	3,892	64,475	492,104	10	8	31.00
32.00 CORONARY CARE UNIT	5,235	5,607	576,024	9	9	32.00
40.00 SUBPROVIDER - IPF	3,671	0	861,534	10	3	40.00
41.00 SUBPROVIDER - IRF	7,999	12,890	325,261	14	15	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,730	11,597	218,651	4	3	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	15,693	1,282,101	909,077	27	25	50.00
51.00 RECOVERY ROOM	4,144	38,800	479,497	21	14	51.00
52.00 DELIVERY ROOM & LABOR ROOM	5,263	144,882	384,404	6	4	52.00
53.00 ANESTHESIOLOGY	408	3,069	21,235	1	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	9,964	1,060,608	739,142	16	23	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	490	13,827	34,034	2	1	54.01
54.02 ULTRASOUND	452	97,843	127,260	4	6	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	148,163	156,456	16	11	55.00
57.00 CT SCAN	575	10,612	122,924	6	8	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,192	58,317	37,212	6	9	58.00
59.00 CARDIAC CATHETERIZATION	3,475	669,139	248,120	5	2	59.00
60.00 LABORATORY	6,511	159,842	634,888	33	62	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	220	0	0	0	0	62.00
64.00 INTRAVENOUS THERAPY	0	0	188,117	2	3	64.00
65.00 RESPIRATORY THERAPY	1,252	63,779	321,098	7	8	65.00
66.00 PHYSICAL THERAPY	18,324	35,074	562,283	29	62	66.00
69.00 ELECTROCARDIOLOGY	2,782	90,383	129,407	16	12	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	440,469	0	0	73.00
75.01 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00 CARDIAC REHAB	1,832	24,016	80,364	4	7	76.00
76.01 OP PSY/CDU	11,730	4,219	238,363	0	12	76.01
76.02 RIMMS	3,951	4,933	115,296	12	0	76.02
76.03 GENETIC/OAK PLAZA CLINICS	0	0	0	18	0	76.03
76.04 PAIN CLINIC	0	0	0	0	0	76.04
76.05 DIABETES	494	1,531	36,908	4	5	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	5,813	605	30,853	4	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	8,685	117,940	752,730	53	25	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 INFUSION	0	5,781	105,543	0	0	93.00
93.01 COMMUNITY HEALTH CENTERS	29,569	9,964	274,119	2	0	93.01
93.02 RASC	0	0	11,708	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	6,250	124,220	641,339	4	7	95.00

COST ALLOCATION - STATISTICAL BASIS

Provi der CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	2,848	55,997	692,310	19	35	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	505,039	12,019,649	19,341,053	1,048	919	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,284	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 SENIOR ADVAN	0	0	0	0	0	191.01
191.02 CARE-A-VAN	0	0	181	0	0	191.02
192.00 PHYSICIANS' PRIVATE OFFICES	64,483	104,647	1,731,195	48	0	192.00
192.01 REFERENCE LAB	0	0	0	0	0	192.01
192.02 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	36,746	112	81,543	52	23	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,803,921	12,801,663	22,211,428	1,253,828	14,175,706	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	9.552962	1.055859	1.049989	1,092.184669	15,048.520170	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			33,939	1,605	10,145,012	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001604	1.398084	10,769.651805	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140186		Period: From 01/01/2011 To 12/31/2011		Worksheet B-1	
Date/Time Prepared: 5/31/2012 9:51 am							
Cost Center Description	PURCHASING (REQS)	BUSINESS OFFICE (CHARGES)	Reconciliation	ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)		
	5.03	5.05	5A.06	5.06	6.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.01 COMMUNICATIONS							5.01
5.02 DATA PROCESSING							5.02
5.03 PURCHASING	27,575,092						5.03
5.05 BUSINESS OFFICE	11,027	742,410,220					5.05
5.06 ADMIN & GENERAL	56,026	59,093	-21,021,735	175,149,892			5.06
6.00 MAINTENANCE & REPAIRS	60,125	0	0	7,308,750	4,934		6.00
7.00 OPERATION OF PLANT	913	0	0	4,689,177	0		7.00
8.00 LAUNDRY & LINEN SERVICE	16,819	0	0	655,376	0		8.00
9.00 HOUSEKEEPING	18,612	0	0	2,605,196	0		9.00
10.00 DIETARY	7,451	0	0	1,665,023	0		10.00
11.00 CAFETERIA	0	0	0	1,027,071	0		11.00
13.00 NURSING ADMINISTRATION	6,786	0	0	1,021,410	0		13.00
14.00 CENTRAL SERVICES & SUPPLY	149,910	0	0	763,951	21		14.00
15.00 PHARMACY	246,956	0	0	1,175,765	0		15.00
16.00 MEDICAL RECORDS & LIBRARY	842	0	0	2,680,202	0		16.00
17.00 SOCIAL SERVICE	130	0	0	920,417	0		17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	40	0	0	1,261,346	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	8,407	0	0	166,706	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	254,161	28,652,032	0	16,773,356	302		30.00
31.00 INTENSIVE CARE UNIT	69,433	4,671,039	0	3,092,949	187		31.00
32.00 CORONARY CARE UNIT	63,593	4,568,514	0	3,180,096	110		32.00
40.00 SUBPROVIDER - IPF	16,590	12,640,604	0	5,158,606	8		40.00
41.00 SUBPROVIDER - IRF	14,715	3,564,000	0	2,098,352	39		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	61,597	1,256,965	0	1,588,312	80		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	12,083,751	58,582,280	0	21,632,353	636		50.00
51.00 RECOVERY ROOM	56,661	12,913,305	0	3,110,519	64		51.00
52.00 DELIVERY ROOM & LABOR ROOM	103,520	3,790,961	0	2,416,176	151		52.00
53.00 ANESTHESIOLOGY	364,216	23,840,787	0	810,577	389		53.00
54.00 RADIOLOGY-DIAGNOSTIC	633,270	55,996,989	0	7,738,149	551		54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	329,196	5,071,283	0	686,970	0		54.01
54.02 ULTRASOUND	40,382	11,265,655	0	1,023,826	23		54.02
55.00 RADIOLOGY-THERAPEUTIC	52,473	34,186,892	0	6,569,130	41		55.00
57.00 CT SCAN	187,283	50,130,375	0	1,584,108	15		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	60,704	13,219,954	0	667,267	1		58.00
59.00 CARDIAC CATHETERIZATION	6,301,148	48,130,091	0	9,258,852	249		59.00
60.00 LABORATORY	4,650,456	96,289,545	0	10,625,305	184		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,102	0		62.00
64.00 INTRAVENOUS THERAPY	193,018	7,878,863	0	2,048,782	646		64.00
65.00 RESPIRATORY THERAPY	205,004	13,666,358	0	2,262,646	214		65.00
66.00 PHYSICAL THERAPY	229,223	16,072,799	0	4,664,259	326		66.00
69.00 ELECTROCARDIOLOGY	38,556	15,663,208	0	1,244,704	165		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,040,274	0	917,481	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	40,805,416	0	409,646	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	43,103,731	0	6,689,843	0		73.00
75.01 RENAL DIALYSIS (IP)	0	718,768	0	350,286	26		75.01
76.00 CARDIAC REHAB	2,705	902,301	0	489,574	83		76.00
76.01 OP PSY/CDU	14,414	9,539,648	0	1,571,651	0		76.01
76.02 RIMMS	129,109	1,143,584	0	866,306	17		76.02
76.03 GENETIC/OAK PLAZA CLINICS	0	0	0	19,659	0		76.03
76.04 PAIN CLINIC	0	0	0	0	0		76.04
76.05 DIABETES	700	406,115	0	294,856	2		76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	1,009	134,008	0	232,769	3		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
91.00 EMERGENCY	435,954	47,379,676	0	5,619,819	186		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
93.00 INFUSION	81,588	17,165,916	0	3,220,231	47		93.00
93.01 COMMUNITY HEALTH CENTERS	4,961	4,293,673	0	1,212,329	6		93.01
93.02 RASC	0	0	0	1,568,338	0		93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 AMBULANCE SERVICES	12,225	4,512,080	0	3,337,894	46		95.00
99.10 CORF	0	0	0	0	0		99.10
101.00 HOME HEALTH AGENCY	33,751	4,689,097	0	4,254,647	4		101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description	PURCHASING (REQS)	BUSINESS OFFICE (CHARGES)	Reconciliation	ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
	5.03	5.05	5A.06	5.06	6.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	27,309,410	709,945,879	-21,021,735	165,233,115	4,822	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	12,266	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 SENIOR ADVAN	0	0	0	0	0	191.01
191.02 CARE-A-VAN	0	0	0	2,325	0	191.02
192.00 PHYSICIANS' PRIVATE OFFICES	243,378	32,464,341	0	9,119,500	111	192.00
192.01 REFERENCE LAB	0	0	0	0	0	192.01
192.02 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	22,304	0	0	782,686	1	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,786,238	7,453,065		21,021,735	8,185,953	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.064777	0.010039		0.120021	1,659.090596	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,027,775	1,919,426		2,506,361	1,570,186	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.037272	0.002585		0.014310	318.237941	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
	7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.05 BUSINESS OFFICE						5.05
5.06 ADMIN & GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT	263,393					7.00
8.00 LAUNDRY & LINEN SERVICE	3,991	569,742				8.00
9.00 HOUSEKEEPING	2,428	0	223,253			9.00
10.00 DIETARY	10,216	3,787	10,216	409,196		10.00
11.00 CAFETERIA	9,348	0	9,348	0	770,516	11.00
13.00 NURSING ADMINISTRATION	0	0	0	0	29,317	13.00
14.00 CENTRAL SERVICES & SUPPLY	6,372	28,650	6,372	0	8,368	14.00
15.00 PHARMACY	2,366	0	2,366	0	24,741	15.00
16.00 MEDICAL RECORDS & LIBRARY	5,675	0	5,675	0	0	16.00
17.00 SOCIAL SERVICE	531	0	531	0	15,682	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,005	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	162	0	162	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	60,104	228,843	60,104	235,389	176,080	30.00
31.00 INTENSIVE CARE UNIT	3,892	30,100	3,892	9,557	28,886	31.00
32.00 CORONARY CARE UNIT	5,235	40,045	5,235	11,868	31,010	32.00
40.00 SUBPROVIDER - IPF	3,671	17,225	3,671	65,331	71,463	40.00
41.00 SUBPROVIDER - IRF	7,999	41,240	7,999	83,136	21,995	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,730	0	1,730	0	11,195	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	15,693	26,465	15,693	0	51,685	50.00
51.00 RECOVERY ROOM	4,144	23,929	4,144	0	23,461	51.00
52.00 DELIVERY ROOM & LABOR ROOM	5,263	0	5,263	0	22,807	52.00
53.00 ANESTHESIOLOGY	408	1,250	408	0	1,927	53.00
54.00 RADIOLOGY-DIAGNOSTIC	7,475	32,486	7,475	0	28,700	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	490	0	490	0	2,364	54.01
54.02 ULTRASOUND	452	0	452	0	6,361	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	8,966	55.00
57.00 CT SCAN	575	0	575	0	9,150	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,192	0	1,192	0	2,771	58.00
59.00 CARDIAC CATHETERIZATION	3,475	9,540	3,475	0	12,902	59.00
60.00 LABORATORY	6,511	0	6,511	0	45,647	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	220	0	220	0	0	62.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	2,192	64.00
65.00 RESPIRATORY THERAPY	1,252	1,628	1,252	0	18,049	65.00
66.00 PHYSICAL THERAPY	18,324	11,936	18,324	0	15,842	66.00
69.00 ELECTROCARDIOLOGY	2,782	3,399	2,782	0	8,847	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00 CARDIAC REHAB	1,832	0	1,832	0	2,984	76.00
76.01 OP PSY/CDU	11,730	0	11,730	0	0	76.01
76.02 RIMMS	3,951	1,095	3,951	0	0	76.02
76.03 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04 PAIN CLINIC	0	0	0	0	0	76.04
76.05 DIABETES	494	0	494	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	5,813	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	8,685	47,464	8,685	3,915	47,406	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 INFUSION	0	2,925	0	0	7,372	93.00
93.01 COMMUNITY HEALTH CENTERS	0	0	0	0	11,872	93.01
93.02 RASC	0	6,151	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	6,250	3,547	6,250	0	0	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	2,848	0	2,848	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
	7.00	8.00	9.00	10.00	11.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	233,579	561,705	221,347	409,196	751,047	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,284	0	1,284	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 SENIOR ADVAN	0	0	0	0	0	191.01
191.02 CARE-A-VAN	0	0	0	0	0	191.02
192.00 PHYSICIANS' PRIVATE OFFICES	27,908	8,037	0	0	19,469	192.00
192.01 REFERENCE LAB	0	0	0	0	0	192.01
192.02 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	622	0	622	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,251,977	813,614	2,966,288	2,209,710	1,460,941	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	19.939698	1.428039	13.286666	5.400126	1.896055	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	2,779,724	94,695	264,958	512,995	214,214	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	10.553523	0.166207	1.186806	1.253666	0.278014	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (ASSIGNED TIME)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.05 BUSINESS OFFICE						5.05
5.06 ADMIN & GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	658,195					13.00
14.00 CENTRAL SERVICES & SUPPLY	8,368	100				14.00
15.00 PHARMACY	0	0	8,126,199			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	742,351,127		16.00
17.00 SOCIAL SERVICE	0	0	0	0	9,560	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,005	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	1,610	0	33	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	190,343	0	777	28,652,032	5,319	30.00
31.00 INTENSIVE CARE UNIT	28,886	0	11,404	4,671,039	215	31.00
32.00 CORONARY CARE UNIT	31,010	0	8,751	4,568,514	163	32.00
40.00 SUBPROVIDER - IPF	71,463	0	70	12,640,604	366	40.00
41.00 SUBPROVIDER - IRF	21,995	0	65	3,564,000	3,284	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	11,195	0	816	1,256,965	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	51,685	0	187,122	58,582,280	173	50.00
51.00 RECOVERY ROOM	23,461	0	41,007	12,913,305	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	22,807	0	1,538	3,790,961	0	52.00
53.00 ANESTHESIOLOGY	1,927	0	59,243	23,840,787	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	485,945	55,996,989	0	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	3,387	5,071,283	0	54.01
54.02 ULTRASOUND	0	0	2,722	11,265,655	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	3,951,743	34,186,892	0	55.00
57.00 CT SCAN	0	0	7,101	50,130,375	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	577	13,219,954	0	58.00
59.00 CARDIAC CATHETERIZATION	12,902	0	63,622	48,130,091	0	59.00
60.00 LABORATORY	0	0	1,676	96,289,545	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 INTRAVENOUS THERAPY	2,192	0	507,861	7,878,863	0	64.00
65.00 RESPIRATORY THERAPY	18,049	0	6,804	13,666,358	0	65.00
66.00 PHYSICAL THERAPY	32,348	0	1,587	16,072,799	0	66.00
69.00 ELECTROCARDIOLOGY	8,847	0	5,548	15,663,208	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	100	0	13,040,274	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	40,805,416	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	43,103,731	0	73.00
75.01 RENAL DIALYSIS (IP)	0	0	0	718,768	0	75.01
76.00 CARDIAC REHAB	2,984	0	0	902,301	0	76.00
76.01 OP PSY/CDU	17,804	0	18	9,539,648	0	76.01
76.02 RIMMS	0	0	48,095	1,143,584	0	76.02
76.03 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04 PAIN CLINIC	0	0	0	0	0	76.04
76.05 DIABETES	0	0	0	406,115	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	977	134,008	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	47,406	0	92,636	47,379,676	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	2,336,874	17,165,916	0	92.00
93.00 INFUSION	0	0	488	4,293,673	0	93.00
93.01 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
93.02 RASC	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	48,742	0	1,068	4,512,080	0	95.00
99.10 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (ASSIGNED TIME)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
101.00 HOME HEALTH AGENCY	13.00	14.00	15.00	16.00	17.00	0
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0
111.00 ISLET ACQUISITION	0	0	0	0	0	0
113.00 INTEREST EXPENSE						0
118.00 SUBTOTALS (SUM OF LINES 1-117)	657,029	100	7,832,180	709,886,786	9,520	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0
191.00 RESEARCH	0	0	0	0	0	0
191.01 SENIOR ADVAN	0	0	0	0	0	0
191.02 CARE-A-VAN	0	0	0	0	0	0
192.00 PHYSICIANS' PRIVATE OFFICES	1,166	0	234,421	32,464,341	0	0
192.01 REFERENCE LAB	0	0	0	0	0	0
192.02 MEALS ON WHEELS	0	0	0	0	0	0
193.00 NONPAID WORKERS	0	0	59,598	0	40	0
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,199,588	1,174,231	1,442,404	3,190,443	1,078,263	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.822542	11,742.310000	0.177500	0.004298	112.789017	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	210,295	314,725	1,404,069	681,503	256,941	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.319503	3,147.250000	0.172783	0.000918	26.876674	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.05 BUSINESS OFFICE					5.05
5.06 ADMIN & GENERAL					5.06
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
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
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	2,471				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		2,471			22.00
23.00 PARAMED PRGM-(SPECIFY)			95		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	2,073	2,073	27		30.00
31.00 INTENSIVE CARE UNIT	0	0	8		31.00
32.00 CORONARY CARE UNIT	154	154	16		32.00
40.00 SUBPROVIDER - IPF	0	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0		42.00
43.00 NURSERY	0	0	1		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	0	4		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0		54.01
54.02 ULTRASOUND	0	0	0		54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	30	30	0		59.00
60.00 LABORATORY	28	28	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	7		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
69.00 ELECTROCARDIOLOGY	62	62	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
75.01 RENAL DIALYSIS (IP)	0	0	0		75.01
76.00 CARDIAC REHAB	0	0	0		76.00
76.01 OP PSY/CDU	0	0	0		76.01
76.02 RI MMS	0	0	0		76.02
76.03 GENETIC/OAK PLAZA CLINICS	0	0	0		76.03
76.04 PAIN CLINIC	0	0	0		76.04
76.05 DIABETES	0	0	0		76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00 EMERGENCY	124	124	32		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 INFUSION	0	0	0		93.00
93.01 COMMUNITY HEALTH CENTERS	0	0	0		93.01
93.02 RASC	0	0	0		93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 AMBULANCE SERVICES	0	0	0		95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
99.10 CORF	0	0	0		99.10
101.00 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
109.00 PANCREAS ACQUISITION	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0		111.00
113.00 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,471	2,471	95		118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00 RESEARCH	0	0	0		191.00
191.01 SENIOR ADVAN	0	0	0		191.01
191.02 CARE-A-VAN	0	0	0		191.02
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01 REFERENCE LAB	0	0	0		192.01
192.02 MEALS ON WHEELS	0	0	0		192.02
193.00 NONPAID WORKERS	0	0	0		193.00
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,414,566	1,906	195,036		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	572.467017	0.771348	2,053.010526		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	19,524	1,340	10,934		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	7.901255	0.542291	115.094737		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140186		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/31/2012 9:51 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	24,341,926		24,341,926	0	24,341,926	30.00
31.00	INTENSIVE CARE UNIT	4,168,517		4,168,517	0	4,168,517	31.00
32.00	CORONARY CARE UNIT	4,227,224		4,227,224	0	4,227,224	32.00
40.00	SUBPROVIDER - IPF	6,651,752		6,651,752	0	6,651,752	40.00
41.00	SUBPROVIDER - IRF	3,656,038		3,656,038	0	3,656,038	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	2,018,381		2,018,381	0	2,018,381	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	26,348,078		26,348,078	121,477	26,469,555	50.00
51.00	RECOVERY ROOM	3,911,913		3,911,913	0	3,911,913	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,232,939		3,232,939	0	3,232,939	52.00
53.00	ANESTHESIOLOGY	1,688,740		1,688,740	0	1,688,740	53.00
54.00	RADIOLOGY-DIAGNOSTIC	10,257,153		10,257,153	0	10,257,153	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	812,580		812,580	0	812,580	54.01
54.02	ULTRASOUND	1,260,849		1,260,849	0	1,260,849	54.02
55.00	RADIOLOGY-THERAPEUTIC	8,290,960		8,290,960	26,851	8,317,811	55.00
57.00	CT SCAN	2,052,294		2,052,294	0	2,052,294	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	850,793		850,793	0	850,793	58.00
59.00	CARDIAC CATHETERIZATION	11,178,440		11,178,440	0	11,178,440	59.00
60.00	LABORATORY	12,922,694		12,922,694	11,005	12,933,699	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,664		9,664	0	9,664	62.00
64.00	INTRAVENOUS THERAPY	3,498,609		3,498,609	0	3,498,609	64.00
65.00	RESPIRATORY THERAPY	3,074,615	0	3,074,615	0	3,074,615	65.00
66.00	PHYSICAL THERAPY	6,549,173	0	6,549,173	0	6,549,173	66.00
69.00	ELECTROCARDIOLOGY	1,866,338		1,866,338	0	1,866,338	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,257,876		2,257,876	0	2,257,876	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	634,194		634,194	0	634,194	72.00
73.00	DRUGS CHARGED TO PATIENTS	7,678,025		7,678,025	0	7,678,025	73.00
75.01	RENAL DIALYSIS (IP)	438,553		438,553	0	438,553	75.01
76.00	CARDIAC REHAB	761,883		761,883	0	761,883	76.00
76.01	OP PSY/CDU	2,223,481		2,223,481	0	2,223,481	76.01
76.02	RI MMS	1,144,780		1,144,780	0	1,144,780	76.02
76.03	GENETIC/OAK PLAZA CLINICS	22,018		22,018	0	22,018	76.03
76.04	PAIN CLINIC	0		0	0	0	76.04
76.05	DIABETES	351,722		351,722	0	351,722	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	382,341		382,341	0	382,341	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00	EMERGENCY	7,442,459		7,442,459	0	7,442,459	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	483,475		483,475	0	483,475	92.00
93.00	INFUSION	4,191,432		4,191,432	0	4,191,432	93.00
93.01	COMMUNITY HEALTH CENTERS	1,408,840		1,408,840	0	1,408,840	93.01
93.02	RASC	1,765,355		1,765,355	0	1,765,355	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	4,135,976		4,135,976	0	4,135,976	95.00
99.10	CORF	0		0	0	0	99.10
101.00	HOME HEALTH AGENCY	4,887,178		4,887,178	0	4,887,178	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	ISLET ACQUISITION	0		0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	183,079,258	0	183,079,258	159,333	183,238,591	200.00
201.00	Less Observation Beds	483,475		483,475		483,475	201.00
202.00	Total (see instructions)	182,595,783	0	182,595,783	159,333	182,755,116	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/31/2012 9:51 am
			Title XVII I	Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
	Inpatient	Outpatient	Total (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	28,713,259		28,713,259		30.00
31.00 INTENSIVE CARE UNIT	4,671,039		4,671,039		31.00
32.00 CORONARY CARE UNIT	4,568,514		4,568,514		32.00
40.00 SUBPROVIDER - IPF	12,225,740		12,225,740		40.00
41.00 SUBPROVIDER - IRF	3,564,000		3,564,000		41.00
42.00 SUBPROVIDER	0		0		42.00
43.00 NURSERY	1,256,965		1,256,965		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	28,517,934	30,064,346	58,582,280	0.449762	50.00
51.00 RECOVERY ROOM	5,755,336	7,157,969	12,913,305	0.302937	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,202,490	1,588,471	3,790,961	0.852802	52.00
53.00 ANESTHESIOLOGY	14,185,114	9,655,673	23,840,787	0.070834	53.00
54.00 RADIOLOGY-DIAGNOSTIC	10,494,004	45,502,985	55,996,989	0.183173	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	1,766,943	3,304,340	5,071,283	0.160232	54.01
54.02 ULTRASOUND	3,376,059	7,889,596	11,265,655	0.111920	54.02
55.00 RADIOLOGY-THERAPEUTIC	46,643	34,140,249	34,186,892	0.242519	55.00
57.00 CT SCAN	21,390,377	28,739,998	50,130,375	0.040939	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	4,650,220	8,569,734	13,219,954	0.064357	58.00
59.00 CARDIAC CATHETERIZATION	23,011,395	25,118,696	48,130,091	0.232255	59.00
60.00 LABORATORY	42,639,707	53,649,838	96,289,545	0.134207	60.00
60.01 BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
64.00 INTRAVENOUS THERAPY	6,977,534	901,329	7,878,863	0.444050	64.00
65.00 RESPIRATORY THERAPY	10,234,967	3,431,391	13,666,358	0.224977	65.00
66.00 PHYSICAL THERAPY	9,036,495	7,036,304	16,072,799	0.407469	66.00
69.00 ELECTROCARDIOLOGY	7,489,179	8,174,029	15,663,208	0.119154	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,763,102	6,277,172	13,040,274	0.173146	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	28,540,412	12,265,004	40,805,416	0.015542	72.00
73.00 DRUGS CHARGED TO PATIENTS	36,118,655	6,985,076	43,103,731	0.178129	73.00
75.01 RENAL DIALYSIS (IP)	718,768	0	718,768	0.610145	75.01
76.00 CARDIAC REHAB	175,646	726,655	902,301	0.844378	76.00
76.01 OP PSY/CDU	180	9,539,468	9,539,648	0.233078	76.01
76.02 RIMMS	0	1,143,584	1,143,584	1.001046	76.02
76.03 GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	76.03
76.04 PAIN CLINIC	0	0	0	0.000000	76.04
76.05 DIABETES	508	405,607	406,115	0.866065	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	134,008	134,008		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00 EMERGENCY	15,627,609	31,752,067	47,379,676	0.157081	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	142,394	815,793	958,187	0.504573	92.00
93.00 INFUSION	0	17,165,916	17,165,916	0.244172	93.00
93.01 COMMUNITY HEALTH CENTERS	1,821	4,291,852	4,293,673	0.328120	93.01
93.02 RASC	0	9,717,865	9,717,865	0.181661	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 AMBULANCE SERVICES	253,122	4,258,958	4,512,080	0.916645	95.00
99.10 CORF	0	0	0		99.10
101.00 HOME HEALTH AGENCY	0	4,689,097	4,689,097		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 PANCREAS ACQUISITION	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0		111.00
113.00 INTEREST EXPENSE					113.00
200.00 Subtotal (see instructions)	335,116,131	385,093,070	720,209,201		200.00
201.00 Less Observation Beds					201.00
202.00 Total (see instructions)	335,116,131	385,093,070	720,209,201		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/31/2012 9:51 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.451836		50.00
51.00	RECOVERY ROOM	0.302937		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.852802		52.00
53.00	ANESTHESIOLOGY	0.070834		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.183173		54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.160232		54.01
54.02	ULTRASOUND	0.111920		54.02
55.00	RADIOLOGY-THERAPEUTIC	0.243304		55.00
57.00	CT SCAN	0.040939		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.064357		58.00
59.00	CARDIAC CATHETERIZATION	0.232255		59.00
60.00	LABORATORY	0.134321		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	INTRAVENOUS THERAPY	0.444050		64.00
65.00	RESPIRATORY THERAPY	0.224977		65.00
66.00	PHYSICAL THERAPY	0.407469		66.00
69.00	ELECTROCARDIOLOGY	0.119154		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.173146		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.015542		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.178129		73.00
75.01	RENAL DIALYSIS (IP)	0.610145		75.01
76.00	CARDIAC REHAB	0.844378		76.00
76.01	OP PSY/CDU	0.233078		76.01
76.02	RI MMS	1.001046		76.02
76.03	GENETIC/OAK PLAZA CLINICS	0.000000		76.03
76.04	PAIN CLINIC	0.000000		76.04
76.05	DIABETES	0.866065		76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	EMERGENCY	0.157081		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.504573		92.00
93.00	INFUSION	0.244172		93.00
93.01	COMMUNITY HEALTH CENTERS	0.328120		93.01
93.02	RASC	0.181661		93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	0.916645		95.00
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
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: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/31/2012 9:51 am
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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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	24,341,926		24,341,926	0	0	30.00
31.00 INTENSIVE CARE UNIT	4,168,517		4,168,517	0	0	31.00
32.00 CORONARY CARE UNIT	4,227,224		4,227,224	0	0	32.00
40.00 SUBPROVIDER - IPF	6,651,752		6,651,752	0	0	40.00
41.00 SUBPROVIDER - IRF	3,656,038		3,656,038	0	0	41.00
42.00 SUBPROVIDER	0		0	0	0	42.00
43.00 NURSERY	2,018,381		2,018,381	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	26,348,078		26,348,078	0	0	50.00
51.00 RECOVERY ROOM	3,911,913		3,911,913	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,232,939		3,232,939	0	0	52.00
53.00 ANESTHESIOLOGY	1,688,740		1,688,740	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	10,257,153		10,257,153	0	0	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	812,580		812,580	0	0	54.01
54.02 ULTRASOUND	1,260,849		1,260,849	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	8,290,960		8,290,960	0	0	55.00
57.00 CT SCAN	2,052,294		2,052,294	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	850,793		850,793	0	0	58.00
59.00 CARDIAC CATHETERIZATION	11,178,440		11,178,440	0	0	59.00
60.00 LABORATORY	12,922,694		12,922,694	0	0	60.00
60.01 BLOOD LABORATORY	0		0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	9,664		9,664	0	0	62.00
64.00 INTRAVENOUS THERAPY	3,498,609		3,498,609	0	0	64.00
65.00 RESPIRATORY THERAPY	3,074,615	0	3,074,615	0	0	65.00
66.00 PHYSICAL THERAPY	6,549,173	0	6,549,173	0	0	66.00
69.00 ELECTROCARDIOLOGY	1,866,338		1,866,338	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,257,876		2,257,876	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	634,194		634,194	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	7,678,025		7,678,025	0	0	73.00
75.01 RENAL DIALYSIS (IP)	438,553		438,553	0	0	75.01
76.00 CARDIAC REHAB	761,883		761,883	0	0	76.00
76.01 OP PSY/CDU	2,223,481		2,223,481	0	0	76.01
76.02 RIMMS	1,144,780		1,144,780	0	0	76.02
76.03 GENETIC/OAK PLAZA CLINICS	22,018		22,018	0	0	76.03
76.04 PAIN CLINIC	0		0	0	0	76.04
76.05 DIABETES	351,722		351,722	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	382,341		382,341	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00 EMERGENCY	7,442,459		7,442,459	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	483,475		483,475	0	0	92.00
93.00 INFUSION	4,191,432		4,191,432	0	0	93.00
93.01 COMMUNITY HEALTH CENTERS	1,408,840		1,408,840	0	0	93.01
93.02 RASC	1,765,355		1,765,355	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	4,135,976		4,135,976	0	0	95.00
99.10 CORF	0		0	0	0	99.10
101.00 HOME HEALTH AGENCY	4,887,178		4,887,178	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00 ISLET ACQUISITION	0		0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	183,079,258	0	183,079,258	0	0	200.00
201.00 Less Observation Beds	483,475		483,475	0	0	201.00
202.00 Total (see instructions)	182,595,783	0	182,595,783	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/31/2012 9:51 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	10.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	28,713,259		28,713,259		30.00
31.00	INTENSIVE CARE UNIT	4,671,039		4,671,039		31.00
32.00	CORONARY CARE UNIT	4,568,514		4,568,514		32.00
40.00	SUBPROVIDER - IPF	12,225,740		12,225,740		40.00
41.00	SUBPROVIDER - IRF	3,564,000		3,564,000		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	1,256,965		1,256,965		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	28,517,934	30,064,346	58,582,280	0.449762	50.00
51.00	RECOVERY ROOM	5,755,336	7,157,969	12,913,305	0.302937	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,202,490	1,588,471	3,790,961	0.852802	52.00
53.00	ANESTHESIOLOGY	14,185,114	9,655,673	23,840,787	0.070834	53.00
54.00	RADIOLOGY-DIAGNOSTIC	10,494,004	45,502,985	55,996,989	0.183173	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	1,766,943	3,304,340	5,071,283	0.160232	54.01
54.02	ULTRASOUND	3,376,059	7,889,596	11,265,655	0.111920	54.02
55.00	RADIOLOGY-THERAPEUTIC	46,643	34,140,249	34,186,892	0.242519	55.00
57.00	CT SCAN	21,390,377	28,739,998	50,130,375	0.040939	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,650,220	8,569,734	13,219,954	0.064357	58.00
59.00	CARDIAC CATHETERIZATION	23,011,395	25,118,696	48,130,091	0.232255	59.00
60.00	LABORATORY	42,639,707	53,649,838	96,289,545	0.134207	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
64.00	INTRAVENOUS THERAPY	6,977,534	901,329	7,878,863	0.444050	64.00
65.00	RESPIRATORY THERAPY	10,234,967	3,431,391	13,666,358	0.224977	65.00
66.00	PHYSICAL THERAPY	9,036,495	7,036,304	16,072,799	0.407469	66.00
69.00	ELECTROCARDIOLOGY	7,489,179	8,174,029	15,663,208	0.119154	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,763,102	6,277,172	13,040,274	0.173146	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	28,540,412	12,265,004	40,805,416	0.015542	72.00
73.00	DRUGS CHARGED TO PATIENTS	36,118,655	6,985,076	43,103,731	0.178129	73.00
75.01	RENAL DIALYSIS (IP)	718,768	0	718,768	0.610145	75.01
76.00	CARDIAC REHAB	175,646	726,655	902,301	0.844378	76.00
76.01	OP PSY/CDU	180	9,539,468	9,539,648	0.233078	76.01
76.02	RI MMS	0	1,143,584	1,143,584	1.001046	76.02
76.03	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	76.03
76.04	PAIN CLINIC	0	0	0	0.000000	76.04
76.05	DIABETES	508	405,607	406,115	0.866065	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	134,008	134,008	2.853121	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
91.00	EMERGENCY	15,627,609	31,752,067	47,379,676	0.157081	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	142,394	815,793	958,187	0.504573	92.00
93.00	INFUSION	0	17,165,916	17,165,916	0.244172	93.00
93.01	COMMUNITY HEALTH CENTERS	1,821	4,291,852	4,293,673	0.328120	93.01
93.02	RASC	0	9,717,865	9,717,865	0.181661	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	253,122	4,258,958	4,512,080	0.916645	95.00
99.10	CORF	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	4,689,097	4,689,097		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	335,116,131	385,093,070	720,209,201		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	335,116,131	385,093,070	720,209,201		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/31/2012 9:51 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000		54.01
54.02	ULTRASOUND	0.000000		54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
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
75.01	RENAL DIALYSIS (IP)	0.000000		75.01
76.00	CARDIAC REHAB	0.000000		76.00
76.01	OP PSY/CDU	0.000000		76.01
76.02	RIIMS	0.000000		76.02
76.03	GENETIC/OAK PLAZA CLINICS	0.000000		76.03
76.04	PAIN CLINIC	0.000000		76.04
76.05	DIABETES	0.000000		76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	INFUSION	0.000000		93.00
93.01	COMMUNITY HEALTH CENTERS	0.000000		93.01
93.02	RASC	0.000000		93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	0.000000		95.00
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
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: 140186		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/31/2012 9:51 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,585,486	0	3,585,486	39,976	89.69	30.00
31.00	INTENSIVE CARE UNIT	467,098		467,098	3,442	135.71	31.00
32.00	CORONARY CARE UNIT	365,706		365,706	3,347	109.26	32.00
40.00	SUBPROVIDER - IPF	370,453	0	370,453	11,629	31.86	40.00
41.00	SUBPROVIDER - IRF	626,878	0	626,878	4,450	140.87	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	155,063		155,063	2,327	66.64	43.00
200.00	Total (Lines 30-199)	5,570,684		5,570,684	65,171		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/31/2012 9:51 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	19,302	1,731,196		30.00
31.00 INTENSIVE CARE UNIT	2,290	310,776		31.00
32.00 CORONARY CARE UNIT	2,420	264,409		32.00
40.00 SUBPROVIDER - IPF	2,228	70,984		40.00
41.00 SUBPROVIDER - IRF	3,018	425,146		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (Lines 30-199)	29,258	2,802,511		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140186		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/31/2012 9:51 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,480,498	58,582,280	0.076482	17,462,603	1,335,575	50.00
51.00	RECOVERY ROOM	456,885	12,913,305	0.035381	2,655,039	93,938	51.00
52.00	DELIVERY ROOM & LABOR ROOM	567,288	3,790,961	0.149642	21,404	3,203	52.00
53.00	ANESTHESIOLOGY	259,111	23,840,787	0.010868	6,913,033	75,131	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,215,499	55,996,989	0.057423	6,845,395	393,083	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	90,795	5,071,283	0.017904	1,195,575	21,406	54.01
54.02	ULTRASOUND	340,780	11,265,655	0.030249	1,974,677	59,732	54.02
55.00	RADIOLOGY-THERAPEUTIC	1,337,391	34,186,892	0.039120	46,643	1,825	55.00
57.00	CT SCAN	334,223	50,130,375	0.006667	12,126,821	80,850	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	301,579	13,219,954	0.022812	2,447,009	55,821	58.00
59.00	CARDIAC CATHETERIZATION	2,107,071	48,130,091	0.043779	16,878,295	738,915	59.00
60.00	LABORATORY	1,870,574	96,289,545	0.019427	24,789,634	481,588	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,715	0	0.000000	0	0	62.00
64.00	INTRAVENOUS THERAPY	391,369	7,878,863	0.049673	3,961,493	196,779	64.00
65.00	RESPIRATORY THERAPY	412,690	13,666,358	0.030198	6,641,642	200,564	65.00
66.00	PHYSICAL THERAPY	1,383,282	16,072,799	0.086064	3,463,747	298,104	66.00
69.00	ELECTROCARDIOLOGY	507,956	15,663,208	0.032430	4,780,067	155,018	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	373,534	13,040,274	0.028645	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	148,803	40,805,416	0.003647	17,125,545	62,457	72.00
73.00	DRUGS CHARGED TO PATIENTS	247,431	43,103,731	0.005740	21,381,805	122,732	73.00
75.01	RENAL DIALYSIS (IP)	15,805	718,768	0.021989	536,393	11,795	75.01
76.00	CARDIAC REHAB	202,370	902,301	0.224282	121,544	27,260	76.00
76.01	OP PSY/CDU	450,197	9,539,648	0.047192	180	8	76.01
76.02	RI MMS	129,591	1,143,584	0.113320	0	0	76.02
76.03	GENETIC/OAK PLAZA CLINICS	306	0	0.000000	0	0	76.03
76.04	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	DIABETES	73,883	406,115	0.181926	445	81	76.05
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	123,140	134,008	0.918900	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	EMERGENCY	1,076,882	47,379,676	0.022729	9,905,937	225,152	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	71,214	958,187	0.074322	140,647	10,453	92.00
93.00	INFUSION	542,574	17,165,916	0.031608	0	0	93.00
93.01	COMMUNITY HEALTH CENTERS	341,268	4,293,673	0.079482	814	65	93.01
93.02	RASC	23,484	9,717,865	0.002417	0	0	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	21,882,188	656,008,507		161,416,387	4,651,535	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140186		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/31/2012 9:51 am	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS 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	55,431	0	55,431	30.00
31.00	INTENSIVE CARE UNIT	0	0	16,424	0	16,424	31.00
32.00	CORONARY CARE UNIT	0	0	32,848	0	32,848	32.00
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	2,053	0	2,053	43.00
200.00	Total (lines 30-199)	0	0	106,756		106,756	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140186		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/31/2012 9:51 am	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	39,976	1.39	19,302	26,830	0	30.00
31.00	INTENSIVE CARE UNIT	3,442	4.77	2,290	10,923	0	31.00
32.00	CORONARY CARE UNIT	3,347	9.81	2,420	23,740	0	32.00
40.00	SUBPROVIDER - IPF	11,629	0.00	2,228	0	0	40.00
41.00	SUBPROVIDER - IRF	4,450	0.00	3,018	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	NURSERY	2,327	0.88	0	0	0	43.00
200.00	Total (Lines 30-199)	65,171		29,258	61,493	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/31/2012 9:51 am
Title XVII		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
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
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140186

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	0	0	0	8,212	8,212	50.00	
51.00	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01	
54.02	ULTRASOUND	0	0	0	0	0	54.02	
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00	CT SCAN	0	0	0	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	LABORATORY	0	0	0	0	0	60.00	
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	RESPIRATORY THERAPY	0	0	0	14,371	14,371	65.00	
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00	
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
75.01	RENAL DIALYSIS (IP)	0	0	0	0	0	75.01	
76.00	CARDIAC REHAB	0	0	0	0	0	76.00	
76.01	OP PSY/CDU	0	0	0	0	0	76.01	
76.02	RI MMS	0	0	0	0	0	76.02	
76.03	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03	
76.04	PAIN CLINIC	0	0	0	0	0	76.04	
76.05	DIABETES	0	0	0	0	0	76.05	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	
91.00	EMERGENCY	0	0	0	65,697	65,697	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	1,101	1,101	92.00	
93.00	INFUSION	0	0	0	0	0	93.00	
93.01	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01	
93.02	RASC	0	0	0	0	0	93.02	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	AMBULANCE SERVICES						95.00	
200.00	Total (Lines 50-199)	0	0	0	89,381	89,381	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 9:51 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	8,212	58,582,280	0.000140	0.000140	17,462,603	50.00
51.00	RECOVERY ROOM	0	12,913,305	0.000000	0.000000	2,655,039	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,790,961	0.000000	0.000000	21,404	52.00
53.00	ANESTHESIOLOGY	0	23,840,787	0.000000	0.000000	6,913,033	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	55,996,989	0.000000	0.000000	6,845,395	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	5,071,283	0.000000	0.000000	1,195,575	54.01
54.02	ULTRASOUND	0	11,265,655	0.000000	0.000000	1,974,677	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	34,186,892	0.000000	0.000000	46,643	55.00
57.00	CT SCAN	0	50,130,375	0.000000	0.000000	12,126,821	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	13,219,954	0.000000	0.000000	2,447,009	58.00
59.00	CARDIAC CATHETERIZATION	0	48,130,091	0.000000	0.000000	16,878,295	59.00
60.00	LABORATORY	0	96,289,545	0.000000	0.000000	24,789,634	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
64.00	INTRAVENOUS THERAPY	0	7,878,863	0.000000	0.000000	3,961,493	64.00
65.00	RESPIRATORY THERAPY	14,371	13,666,358	0.001052	0.001052	6,641,642	65.00
66.00	PHYSICAL THERAPY	0	16,072,799	0.000000	0.000000	3,463,747	66.00
69.00	ELECTROCARDIOLOGY	0	15,663,208	0.000000	0.000000	4,780,067	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,040,274	0.000000	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	40,805,416	0.000000	0.000000	17,125,545	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	43,103,731	0.000000	0.000000	21,381,805	73.00
75.01	RENAL DIALYSIS (IP)	0	718,768	0.000000	0.000000	536,393	75.01
76.00	CARDIAC REHAB	0	902,301	0.000000	0.000000	121,544	76.00
76.01	OP PSY/CDU	0	9,539,648	0.000000	0.000000	180	76.01
76.02	RI MMS	0	1,143,584	0.000000	0.000000	0	76.02
76.03	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0.000000	0	76.03
76.04	PAIN CLINIC	0	0	0.000000	0.000000	0	76.04
76.05	DIABETES	0	406,115	0.000000	0.000000	445	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	134,008	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	EMERGENCY	65,697	47,379,676	0.001387	0.001387	9,905,937	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,101	958,187	0.001149	0.001149	140,647	92.00
93.00	INFUSION	0	17,165,916	0.000000	0.000000	0	93.00
93.01	COMMUNITY HEALTH CENTERS	0	4,293,673	0.000000	0.000000	814	93.01
93.02	RASC	0	9,717,865	0.000000	0.000000	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	89,381	656,008,507			161,416,387	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 9:51 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	2,445	11,778,614	1,649	0	0	50.00
51.00 RECOVERY ROOM	0	1,845,759	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	18,044	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	2,573,463	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	18,654,594	0	0	0	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	1,665,859	0	0	0	54.01
54.02 ULTRASOUND	0	1,761,229	0	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	20,461,775	0	0	0	55.00
57.00 CT SCAN	0	9,811,883	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	2,650,535	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	15,968,162	0	0	0	59.00
60.00 LABORATORY	0	24,270,157	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 INTRAVENOUS THERAPY	0	361,305	0	0	0	64.00
65.00 RESPIRATORY THERAPY	6,987	1,351,940	1,422	0	0	65.00
66.00 PHYSICAL THERAPY	0	2,535,418	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	3,542,924	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	7,025,625	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	4,391,716	0	0	0	73.00
75.01 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00 CARDIAC REHAB	0	441,419	0	0	0	76.00
76.01 OP PSY/CDU	0	412,642	0	0	0	76.01
76.02 RIMMS	0	0	0	0	0	76.02
76.03 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04 PAIN CLINIC	0	0	0	0	0	76.04
76.05 DIABETES	0	182,919	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
91.00 EMERGENCY	13,740	6,826,737	9,469	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	162	800,069	919	0	0	92.00
93.00 INFUSION	0	12,123,325	0	0	0	93.00
93.01 COMMUNITY HEALTH CENTERS	0	301,164	0	0	0	93.01
93.02 RASC	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	23,334	151,757,277	13,459	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 9:51 am
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	0			50.00
51.00	RECOVERY ROOM	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	ANESTHESIOLOGY	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	0			54.01
54.02	ULTRASOUND	0	0			54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	CT SCAN	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0			59.00
60.00	LABORATORY	0	0			60.00
60.01	BLOOD LABORATORY	0	0			60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
64.00	INTRAVENOUS THERAPY	0	0			64.00
65.00	RESPIRATORY THERAPY	0	0			65.00
66.00	PHYSICAL THERAPY	0	0			66.00
69.00	ELECTROCARDIOLOGY	0	0			69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
75.01	RENAL DIALYSIS (IP)	0	0			75.01
76.00	CARDIAC REHAB	0	0			76.00
76.01	OP PSY/CDU	0	0			76.01
76.02	RI MMS	0	0			76.02
76.03	GENETIC/OAK PLAZA CLINICS	0	0			76.03
76.04	PAIN CLINIC	0	0			76.04
76.05	DIABETES	0	0			76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
91.00	EMERGENCY	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
93.00	INFUSION	0	0			93.00
93.01	COMMUNITY HEALTH CENTERS	0	0			93.01
93.02	RASC	0	0			93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/31/2012 9:51 am		
		Title XVIII	Hospital	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.449762	11,778,614	0	0	50.00
51.00	RECOVERY ROOM	0.302937	1,845,759	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.852802	18,044	0	0	52.00
53.00	ANESTHESIOLOGY	0.070834	2,573,463	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.183173	18,654,594	0	0	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.160232	1,665,859	0	0	54.01
54.02	ULTRASOUND	0.111920	1,761,229	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.242519	20,461,775	0	0	55.00
57.00	CT SCAN	0.040939	9,811,883	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.064357	2,650,535	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.232255	15,968,162	0	0	59.00
60.00	LABORATORY	0.134207	24,270,157	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	0.444050	361,305	0	0	64.00
65.00	RESPIRATORY THERAPY	0.224977	1,351,940	0	0	65.00
66.00	PHYSICAL THERAPY	0.407469	2,535,418	0	0	66.00
69.00	ELECTROCARDIOLOGY	0.119154	3,542,924	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.173146	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.015542	7,025,625	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.178129	4,391,716	0	0	73.00
75.01	RENAL DIALYSIS (IP)	0.610145	0	0	0	75.01
76.00	CARDIAC REHAB	0.844378	441,419	0	0	76.00
76.01	OP PSY/CDU	0.233078	412,642	0	0	76.01
76.02	RI MMS	1.001046	0	0	0	76.02
76.03	GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	76.03
76.04	PAIN CLINIC	0.000000	0	0	0	76.04
76.05	DIABETES	0.866065	182,919	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
91.00	EMERGENCY	0.157081	6,826,737	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.504573	800,069	0	0	92.00
93.00	INFUSION	0.244172	12,123,325	0	0	93.00
93.01	COMMUNITY HEALTH CENTERS	0.328120	301,164	0	0	93.01
93.02	RASC	0.181661	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0.916645		0		95.00
200.00	Subtotal (see instructions)		151,757,277	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		151,757,277	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/31/2012 9:51 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	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	5,297,573	0	0	50.00
51.00 RECOVERY ROOM	559,149	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	15,388	0	0	52.00
53.00 ANESTHESIOLOGY	182,289	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,417,018	0	0	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	266,924	0	0	54.01
54.02 ULTRASOUND	197,117	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	4,962,369	0	0	55.00
57.00 CT SCAN	401,689	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	170,580	0	0	58.00
59.00 CARDIAC CATHETERIZATION	3,708,685	0	0	59.00
60.00 LABORATORY	3,257,225	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
64.00 INTRAVENOUS THERAPY	160,437	0	0	64.00
65.00 RESPIRATORY THERAPY	304,155	0	0	65.00
66.00 PHYSICAL THERAPY	1,033,104	0	0	66.00
69.00 ELECTROCARDIOLOGY	422,154	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	109,192	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	782,292	0	0	73.00
75.01 RENAL DIALYSIS (IP)	0	0	0	75.01
76.00 CARDIAC REHAB	372,724	0	0	76.00
76.01 OP PSY/CDU	96,178	0	0	76.01
76.02 RI MMS	0	0	0	76.02
76.03 GENETIC/OAK PLAZA CLINICS	0	0	0	76.03
76.04 PAIN CLINIC	0	0	0	76.04
76.05 DIABETES	158,420	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00 EMERGENCY	1,072,351	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	403,693	0	0	92.00
93.00 INFUSION	2,960,177	0	0	93.00
93.01 COMMUNITY HEALTH CENTERS	98,818	0	0	93.01
93.02 RASC	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 AMBULANCE SERVICES		0		95.00
200.00 Subtotal (see instructions)	30,409,701	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	30,409,701	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140186 Component CCN: 14T186		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/31/2012 9:51 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	4,480,498	58,582,280	0.076482	32,984	2,523	50.00
51.00	RECOVERY ROOM	456,885	12,913,305	0.035381	4,039	143	51.00
52.00	DELIVERY ROOM & LABOR ROOM	567,288	3,790,961	0.149642	0	0	52.00
53.00	ANESTHESIOLOGY	259,111	23,840,787	0.010868	4,981	54	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,215,499	55,996,989	0.057423	52,369	3,007	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	90,795	5,071,283	0.017904	7,046	126	54.01
54.02	ULTRASOUND	340,780	11,265,655	0.030249	79,496	2,405	54.02
55.00	RADIOLOGY-THERAPEUTIC	1,337,391	34,186,892	0.039120	0	0	55.00
57.00	CT SCAN	334,223	50,130,375	0.006667	156,144	1,041	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	301,579	13,219,954	0.022812	61,000	1,392	58.00
59.00	CARDIAC CATHETERIZATION	2,107,071	48,130,091	0.043779	0	0	59.00
60.00	LABORATORY	1,870,574	96,289,545	0.019427	435,436	8,459	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,715	0	0.000000	0	0	62.00
64.00	INTRAVENOUS THERAPY	391,369	7,878,863	0.049673	23,357	1,160	64.00
65.00	RESPIRATORY THERAPY	412,690	13,666,358	0.030198	256,411	7,743	65.00
66.00	PHYSICAL THERAPY	1,383,282	16,072,799	0.086064	3,401,999	292,790	66.00
69.00	ELECTROCARDIOLOGY	507,956	15,663,208	0.032430	25,527	828	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	373,534	13,040,274	0.028645	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	148,803	40,805,416	0.003647	1,336	5	72.00
73.00	DRUGS CHARGED TO PATIENTS	247,431	43,103,731	0.005740	1,022,249	5,868	73.00
75.01	RENAL DIALYSIS (IP)	15,805	718,768	0.021989	8,976	197	75.01
76.00	CARDIAC REHAB	202,370	902,301	0.224282	0	0	76.00
76.01	OP PSY/CDU	450,197	9,539,648	0.047192	0	0	76.01
76.02	RI MMS	129,591	1,143,584	0.113320	0	0	76.02
76.03	GENETIC/OAK PLAZA CLINICS	306	0	0.000000	0	0	76.03
76.04	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	DIABETES	73,883	406,115	0.181926	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	123,140	134,008	0.918900	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	EMERGENCY	1,076,882	47,379,676	0.022729	2,693	61	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	71,214	958,187	0.074322	0	0	92.00
93.00	INFUSION	542,574	17,165,916	0.031608	0	0	93.00
93.01	COMMUNITY HEALTH CENTERS	341,268	4,293,673	0.079482	0	0	93.01
93.02	RASC	23,484	9,717,865	0.002417	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	21,882,188	656,008,507		5,576,043	327,802	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 9:51 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	8,212	8,212	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	14,371	14,371	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00 CARDIAC REHAB	0	0	0	0	0	76.00
76.01 OP PSY/CDU	0	0	0	0	0	76.01
76.02 RIMMS	0	0	0	0	0	76.02
76.03 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04 PAIN CLINIC	0	0	0	0	0	76.04
76.05 DIABETES	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
91.00 EMERGENCY	0	0	0	65,697	65,697	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	1,101	1,101	92.00
93.00 INFUSION	0	0	0	0	0	93.00
93.01 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
93.02 RASC	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	0	0	89,381	89,381	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 9:51 am
	Title XVIII	Subprovider - IRF	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	8,212	58,582,280	0.000140	0.000140	32,984	50.00
51.00 RECOVERY ROOM	0	12,913,305	0.000000	0.000000	4,039	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,790,961	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	23,840,787	0.000000	0.000000	4,981	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	55,996,989	0.000000	0.000000	52,369	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	5,071,283	0.000000	0.000000	7,046	54.01
54.02 ULTRASOUND	0	11,265,655	0.000000	0.000000	79,496	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	34,186,892	0.000000	0.000000	0	55.00
57.00 CT SCAN	0	50,130,375	0.000000	0.000000	156,144	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	13,219,954	0.000000	0.000000	61,000	58.00
59.00 CARDIAC CATHETERIZATION	0	48,130,091	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	96,289,545	0.000000	0.000000	435,436	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
64.00 INTRAVENOUS THERAPY	0	7,878,863	0.000000	0.000000	23,357	64.00
65.00 RESPIRATORY THERAPY	14,371	13,666,358	0.001052	0.001052	256,411	65.00
66.00 PHYSICAL THERAPY	0	16,072,799	0.000000	0.000000	3,401,999	66.00
69.00 ELECTROCARDIOLOGY	0	15,663,208	0.000000	0.000000	25,527	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,040,274	0.000000	0.000000	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	40,805,416	0.000000	0.000000	1,336	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	43,103,731	0.000000	0.000000	1,022,249	73.00
75.01 RENAL DIALYSIS (IP)	0	718,768	0.000000	0.000000	8,976	75.01
76.00 CARDIAC REHAB	0	902,301	0.000000	0.000000	0	76.00
76.01 OP PSY/CDU	0	9,539,648	0.000000	0.000000	0	76.01
76.02 RI MMS	0	1,143,584	0.000000	0.000000	0	76.02
76.03 GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0.000000	0	76.03
76.04 PAIN CLINIC	0	0	0.000000	0.000000	0	76.04
76.05 DIABETES	0	406,115	0.000000	0.000000	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	134,008	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00 EMERGENCY	65,697	47,379,676	0.001387	0.001387	2,693	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,101	958,187	0.001149	0.001149	0	92.00
93.00 INFUSION	0	17,165,916	0.000000	0.000000	0	93.00
93.01 COMMUNITY HEALTH CENTERS	0	4,293,673	0.000000	0.000000	0	93.01
93.02 RASC	0	9,717,865	0.000000	0.000000	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	89,381	656,008,507			5,576,043	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 9:51 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	5	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	270	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00 CARDIAC REHAB	0	0	0	0	0	76.00
76.01 OP PSY/CDU	0	0	0	0	0	76.01
76.02 RI MMS	0	0	0	0	0	76.02
76.03 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04 PAIN CLINIC	0	0	0	0	0	76.04
76.05 DIABETES	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
91.00 EMERGENCY	4	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 INFUSION	0	0	0	0	0	93.00
93.01 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
93.02 RASC	0	0	0	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	279	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 9:51 am
	Title XVII I	Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02 ULTRASOUND	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.01 RENAL DIALYSIS (IP)	0	0	75.01
76.00 CARDIAC REHAB	0	0	76.00
76.01 OP PSY/CDU	0	0	76.01
76.02 RIMMS	0	0	76.02
76.03 GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04 PAIN CLINIC	0	0	76.04
76.05 DIABETES	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00 INFUSION	0	0	93.00
93.01 COMMUNITY HEALTH CENTERS	0	0	93.01
93.02 RASC	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2012 9:51 am
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,976	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,976	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		39,976	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)		19,302	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		24,341,926	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)		24,341,926	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		24,453,027	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		24,453,027	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.995457	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		611.69	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)		24,341,926	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		608.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,753,181	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,753,181	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/31/2012 9:51 am	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	4,168,517	3,442	1,211.07	2,290	2,773,350	43.00
44.00 CORONARY CARE UNIT	4,227,224	3,347	1,262.99	2,420	3,056,436	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)					30,150,806	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					47,733,773	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)					2,367,874	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,674,869	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					7,042,743	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					40,691,030	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)					794	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					608.91	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					483,475	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/31/2012 9:51 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	3,585,486	24,341,926	0.147297	483,475	71,214	90.00
91.00	Nursing School cost	0	24,341,926	0.000000	483,475	0	91.00
92.00	Allied health cost	0	24,341,926	0.000000	483,475	0	92.00
93.00	All other Medical Education	55,431	24,341,926	0.002277	483,475	1,101	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14T186		Date/Time Prepared: 5/31/2012 9:51 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,450	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,450	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,450	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)		3,018	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,656,038	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)		3,656,038	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,446,311	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,446,311	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.494511	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		549.73	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)		3,656,038	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		821.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,479,528	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,479,528	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186 Component CCN: 14T186		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/31/2012 9:51 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)					1,750,228	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,229,756	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)					425,146	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					328,081	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					753,227	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					3,476,529	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: 140186 Component CCN: 14T186		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/31/2012 9:51 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	626,878	3,656,038	0.171464	0	0	90.00
91.00	Nursing School cost	0	3,656,038	0.000000	0	0	91.00
92.00	Allied health cost	0	3,656,038	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,656,038	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/31/2012 9:51 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		18,204,184		30.00
31.00	INTENSIVE CARE UNIT		3,021,804		31.00
32.00	CORONARY CARE UNIT		3,227,039		32.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.451836	17,462,603	7,890,233	50.00
51.00	RECOVERY ROOM	0.302937	2,655,039	804,310	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.852802	21,404	18,253	52.00
53.00	ANESTHESIOLOGY	0.070834	6,913,033	489,678	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.183173	6,845,395	1,253,892	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.160232	1,195,575	191,569	54.01
54.02	ULTRASOUND	0.111920	1,974,677	221,006	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.243304	46,643	11,348	55.00
57.00	CT SCAN	0.040939	12,126,821	496,460	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.064357	2,447,009	157,482	58.00
59.00	CARDIAC CATHETERIZATION	0.232255	16,878,295	3,920,068	59.00
60.00	LABORATORY	0.134321	24,789,634	3,329,768	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
64.00	INTRAVENOUS THERAPY	0.444050	3,961,493	1,759,101	64.00
65.00	RESPIRATORY THERAPY	0.224977	6,641,642	1,494,217	65.00
66.00	PHYSICAL THERAPY	0.407469	3,463,747	1,411,370	66.00
69.00	ELECTROCARDIOLOGY	0.119154	4,780,067	569,564	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.173146	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.015542	17,125,545	266,165	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.178129	21,381,805	3,808,720	73.00
75.01	RENAL DIALYSIS (IP)	0.610145	536,393	327,278	75.01
76.00	CARDIAC REHAB	0.844378	121,544	102,629	76.00
76.01	OP PSY/CDU	0.233078	180	42	76.01
76.02	RI MMS	1.001046	0	0	76.02
76.03	GENETIC/OAK PLAZA CLINICS	0.000000	0	0	76.03
76.04	PAIN CLINIC	0.000000	0	0	76.04
76.05	DIABETES	0.866065	445	385	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	EMERGENCY	0.157081	9,905,937	1,556,034	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.504573	140,647	70,967	92.00
93.00	INFUSION	0.244172	0	0	93.00
93.01	COMMUNITY HEALTH CENTERS	0.328120	814	267	93.01
93.02	RASC	0.181661	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		161,416,387	30,150,806	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		161,416,387		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/31/2012 9:51 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		2,446,311		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.451836	32,984	14,903	50.00
51.00	RECOVERY ROOM	0.302937	4,039	1,224	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.852802	0	0	52.00
53.00	ANESTHESIOLOGY	0.070834	4,981	353	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.183173	52,369	9,593	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.160232	7,046	1,129	54.01
54.02	ULTRASOUND	0.111920	79,496	8,897	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.243304	0	0	55.00
57.00	CT SCAN	0.040939	156,144	6,392	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.064357	61,000	3,926	58.00
59.00	CARDIAC CATHETERIZATION	0.232255	0	0	59.00
60.00	LABORATORY	0.134321	435,436	58,488	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
64.00	INTRAVENOUS THERAPY	0.444050	23,357	10,372	64.00
65.00	RESPIRATORY THERAPY	0.224977	256,411	57,687	65.00
66.00	PHYSICAL THERAPY	0.407469	3,401,999	1,386,209	66.00
69.00	ELECTROCARDIOLOGY	0.119154	25,527	3,042	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.173146	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.015542	1,336	21	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.178129	1,022,249	182,092	73.00
75.01	RENAL DIALYSIS (IP)	0.610145	8,976	5,477	75.01
76.00	CARDIAC REHAB	0.844378	0	0	76.00
76.01	OP PSY/CDU	0.233078	0	0	76.01
76.02	RI MMS	1.001046	0	0	76.02
76.03	GENETIC/OAK PLAZA CLINICS	0.000000	0	0	76.03
76.04	PAIN CLINIC	0.000000	0	0	76.04
76.05	DIABETES	0.866065	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	EMERGENCY	0.157081	2,693	423	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.504573	0	0	92.00
93.00	INFUSION	0.244172	0	0	93.00
93.01	COMMUNITY HEALTH CENTERS	0.328120	0	0	93.01
93.02	RASC	0.181661	0	0	93.02
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		5,576,043	1,750,228	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		5,576,043		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/31/2012 9:51 am
		Title XVII I	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		44,603,791	1.00
2.00	Outlier payments for discharges. (see instructions)		567,063	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)		290.82	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		6.85	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.		2.50	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.83	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		0.83	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.002854	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.100170	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.002854	21.00
22.00	IME payment adjustment (see instructions)		69,537	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		6.85	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)		69,537	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.33	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		28.40	31.00
32.00	Sum of lines 30 and 31		32.73	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.41	33.00
34.00	Disproportionate share adjustment (see instructions)		5,981,368	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		4,974	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)		335.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		51,221,759	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)		51,221,759	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,983,784	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		61,493	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/31/2012 9:51 am
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			23,334 58.00
59.00	Total (sum of amounts on lines 49 through 58)			55,290,370 59.00
60.00	Primary payer payments			42,810 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			55,247,560 61.00
62.00	Deductibles billed to program beneficiaries			4,266,616 62.00
63.00	Coinsurance billed to program beneficiaries			120,777 63.00
64.00	Allowable bad debts (see instructions)			828,279 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			579,795 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			51,439,962 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)			51,439,962 71.00
72.00	Interim payments			51,680,009 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)			-240,047 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2			0 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/31/2012 9:51 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		30,396,242	2.00
3.00	PPS payments		28,093,894	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		13,459	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		28,107,353	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5,394,581	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		22,712,772	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)		22,712,772	30.00
31.00	Primary payer payments		5,514	31.00
32.00	Subtotal (line 30 minus line 31)		22,707,258	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		938,928	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		657,250	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)		23,364,508	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)		23,364,508	40.00
41.00	Interim payments		23,702,186	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)		-337,678	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/31/2012 9:51 am
		Title XVIII	Hospital	PPS
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/31/2012 9:51 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			0 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			0 40.00
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/31/2012 9:51 am
	Title XVIII	Subprovider - IRF	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: 140186		Period: From 01/01/2011 To 12/31/2011		Worksheet E-1 Part I Date/Time Prepared: 5/31/2012 9:51 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		51,781,805		22,692,163	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			56,671		631,927	3.02	
3.03			0		430,794	3.03	
3.04			0		207,330	3.04	
3.05			0		3,403	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		158,467		263,431	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)		-101,796		1,010,023	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)		51,680,009		23,702,186	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		240,047		337,678	6.02	
7.00	Total Medicare program liability (see instructions)		51,439,962		23,364,508	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: 140186 Component CCN: 14T186	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part I Date/Time Prepared: 5/31/2012 9:51 am	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,526,096		0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0 3.00
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0 3.01
3.02			15,189		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			24,460		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)		-9,271		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)		4,516,825		0 4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0 5.00
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0 5.01
5.02			0		0 5.02
5.03			0		0 5.03
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0 5.50
5.51			0		0 5.51
5.52			0		0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0 6.00
6.01	SETTLEMENT TO PROVIDER		23,917		0 6.01
6.02	SETTLEMENT TO PROGRAM		0		0 6.02
7.00	Total Medicare program liability (see instructions)		4,540,742		0 7.00
				Contractor Number	Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/31/2012 9:51 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			4,461,825 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			119,764 3.00
4.00	Outlier Payments			20,955 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.191781 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			4,602,544 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,602,544 17.00
18.00	Primary payer payments			12,477 18.00
19.00	Subtotal (line 17 less line 18).			4,590,067 19.00
20.00	Deductibles			56,568 20.00
21.00	Subtotal (line 19 minus line 20)			4,533,499 21.00
22.00	Coinurance			1,132 22.00
23.00	Subtotal (line 21 minus line 22)			4,532,367 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			11,565 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			8,096 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,540,463 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			279 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,540,742 32.00
33.00	Interim payments			4,516,825 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			23,917 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 140186

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

Worksheet G

Date/Time Prepared:  
5/31/2012 9:51 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	37,144,019	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	31,299,273	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,383,850	0	0	0	7.00
8.00	Prepaid expenses	6,412,023	0	0	0	8.00
9.00	Other current assets	2,161,171	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)	82,400,336	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	7,979,046	0	0	0	12.00
13.00	Land improvements	2,728,886	0	0	0	13.00
14.00	Accumulated depreciation	-2,351,782	0	0	0	14.00
15.00	Buildings	215,394,971	0	0	0	15.00
16.00	Accumulated depreciation	-91,112,180	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	46,541,555	0	0	0	19.00
20.00	Accumulated depreciation	-23,520,672	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	170,689,753	0	0	0	23.00
24.00	Accumulated depreciation	-135,702,697	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)	190,646,880	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	168,170,312	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	5,510,129	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	173,680,441	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	446,727,657	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	6,964,950	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,286,379	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,420,149	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	39,354,644	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	63,026,122	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	136,759,704	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	136,759,704	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	199,785,826	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	246,941,831	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	246,941,831	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	446,727,657	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140186

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

Worksheet G-1

Date/Time Prepared:  
5/31/2012 9:51 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		232,683,118		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		14,258,713			2.00
3.00	Total (sum of line 1 and line 2)		246,941,831		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)		246,941,831		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		246,941,831		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140186

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

Worksheet G-1

Date/Time Prepared:  
5/31/2012 9:51 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140186

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

Worksheet G-2 Parts

Date/Time Prepared:  
5/31/2012 9:51 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	41,934,668		41,934,668	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,564,000		3,564,000	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	45,498,668		45,498,668	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,671,039		4,671,039	11.00
12.00	CORONARY CARE UNIT	4,568,514		4,568,514	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,239,553		9,239,553	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	54,738,221		54,738,221	17.00
18.00	Ancillary services	280,406,456	408,766,282	689,172,738	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	132,040	132,040	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		4,689,097	4,689,097	22.00
23.00	AMBULANCE SERVICES	253,122	4,258,958	4,512,080	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	335,397,799	417,846,377	753,244,176	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		220,768,455		29.00
30.00	MISCELLANEOUS	3,592,718			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)		3,592,718		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)		224,361,173		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140186

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

Worksheet G-3

Date/Time Prepared:  
5/31/2012 9:51 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	753,244,176	1.00
2.00	Less contractual allowances and discounts on patients' accounts	525,728,328	2.00
3.00	Net patient revenues (line 1 minus line 2)	227,515,848	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	224,361,173	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,154,675	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	4,532,304	24.00
24.01	PROVIDER ASSESSMENT	5,449,791	24.01
24.02	NON OPERATING INCOME	1,121,943	24.02
25.00	Total other income (sum of lines 6-24)	11,104,038	25.00
26.00	Total (line 5 plus line 25)	14,258,713	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)	14,258,713	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140186

Period: From 01/01/2011

Worksheet H

HHA CCN: 147400

To 12/31/2011

Date/Time Prepared: 5/31/2012 9:51 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		
<b>GENERAL SERVICE COST CENTERS</b>							
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	0	0	0	0	4.00	
5.00	Administrative and General	533,561	0	0	0	5.00	
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	890,170	0	58,043	0	96,474	6.00
7.00	Physical Therapy	957,486	0	52,764	0	0	7.00
8.00	Occupational Therapy	128,960	0	7,230	0	0	8.00
9.00	Speech Pathology	42,319	0	3,136	0	0	9.00
10.00	Medical Social Services	2,424	0	217	0	0	10.00
11.00	Home Health Aide	28,845	0	7,714	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	2,583,765	0	129,104	0	96,474	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: 140186 HHA CCN: 147400		Period: From 01/01/2011 To 12/31/2011		Worksheet H Date/Time Prepared: 5/31/2012 9:51 am	
				Home Health Agency I		PPS	
		Total (sum of col. 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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	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	533,561	7,298	540,859	0	540,859	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,044,687	12,177	1,056,864	0	1,056,864	6.00
7.00	Physical Therapy	1,010,250	13,098	1,023,348	0	1,023,348	7.00
8.00	Occupational Therapy	136,190	1,764	137,954	0	137,954	8.00
9.00	Speech Pathology	45,455	579	46,034	0	46,034	9.00
10.00	Medical Social Services	2,641	33	2,674	0	2,674	10.00
11.00	Home Health Aide	36,559	395	36,954	0	36,954	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	2,809,343	35,344	2,844,687	0	2,844,687	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: 140186	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 5/31/2012 9:51 am
	HHA CCN: 147400	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			
<b>GENERAL SERVICE COST CENTERS</b>						
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	540,859	0	0	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	1,056,864	0	0	0	6.00
7.00	Physical Therapy	1,023,348	0	0	0	7.00
8.00	Occupational Therapy	137,954	0	0	0	8.00
9.00	Speech Pathology	46,034	0	0	0	9.00
10.00	Medical Social Services	2,674	0	0	0	10.00
11.00	Home Health Aide	36,954	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>						
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)	2,844,687	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140186	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 5/31/2012 9:51 am
		HHA CCN: 147400	To 12/31/2011	
			Home Health Agency I	PPS

		Subtotal (col s. 0-4)	Administrative & General	Total (col s. 4A + 5)	
		4A.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>					
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	540,859	540,859		5.00
<b>HHA REIMBURSABLE SERVICES</b>					
6.00	Skilled Nursing Care	1,056,864	248,115	1,304,979	6.00
7.00	Physical Therapy	1,023,348	240,246	1,263,594	7.00
8.00	Occupational Therapy	137,954	32,387	170,341	8.00
9.00	Speech Pathology	46,034	10,807	56,841	9.00
10.00	Medical Social Services	2,674	628	3,302	10.00
11.00	Home Health Aide	36,954	8,676	45,630	11.00
12.00	Supplies (see instructions)	0	0	0	12.00
13.00	Drugs	0	0	0	13.00
14.00	DME	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>					
15.00	Home Dialysis Aide Services	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	17.00
18.00	Clinic	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	19.00
20.00	Day Care Program	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	21.00
22.00	Homemaker Service	0	0	0	22.00
23.00	All Others (specify)	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,303,828		2,844,687	24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140186 HHA CCN: 147400		Period: From 01/01/2011 To 12/31/2011		Worksheet H-1 Part II Date/Time Prepared: 5/31/2012 9:51 am	
				Home Health Agency I		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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	-540,859	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
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
<b>HHA NONREIMBURSABLE SERVICES</b>							
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	-540,859	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: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet H-1 Part II Date/Time Prepared: 5/31/2012 9:51 am
		HHA CCN: 147400	Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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	2,303,828	5.00
<b>HHA REIMBURSABLE SERVICES</b>			
6.00	Skilled Nursing Care	1,056,864	6.00
7.00	Physical Therapy	1,023,348	7.00
8.00	Occupational Therapy	137,954	8.00
9.00	Speech Pathology	46,034	9.00
10.00	Medical Social Services	2,674	10.00
11.00	Home Health Aide	36,954	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>			
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)	2,303,828	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	540,859	25.00
26.00	Unit Cost Multiplier	0.234765	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140186	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 147400	To 12/31/2011	Part I
				Date/Time Prepared: 5/31/2012 9:51 am
			Home Health Agency I	PPS

	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				
1.00	Administrative and General	0	27,207	59,125	726,918	20,752	1.00
2.00	Skilled Nursing Care	1,304,979	0	0	0	0	2.00
3.00	Physical Therapy	1,263,594	0	0	0	0	3.00
4.00	Occupational Therapy	170,341	0	0	0	0	4.00
5.00	Speech Pathology	56,841	0	0	0	0	5.00
6.00	Medical Social Services	3,302	0	0	0	0	6.00
7.00	Home Health Aide	45,630	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)	2,844,687	27,207	59,125	726,918	20,752	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: 140186	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 147400	To 12/31/2011	Part I
				Date/Time Prepared: 5/31/2012 9:51 am
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	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	ADMIN & GENERAL	
	5.02	5.03	5.05	5A.05	5.06	
1.00 Administrative and General	526,698	2,186	47,074	1,409,960	169,225	1.00
2.00 Skilled Nursing Care	0	0	0	1,304,979	156,625	2.00
3.00 Physical Therapy	0	0	0	1,263,594	151,658	3.00
4.00 Occupational Therapy	0	0	0	170,341	20,444	4.00
5.00 Speech Pathology	0	0	0	56,841	6,822	5.00
6.00 Medical Social Services	0	0	0	3,302	396	6.00
7.00 Home Health Aide	0	0	0	45,630	5,477	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)	526,698	2,186	47,074	4,254,647	510,647	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.  
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140186

Period:

Worksheet H-2

HHA CCN: 147400

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

Part I  
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		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	6,636	56,788	0	37,840	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)	6,636	56,788	0	37,840	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: 140186

Period:

Worksheet H-2

HHA CCN: 147400

From 01/01/2011  
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	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	0	0	0	466	20,154	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)	0	0	0	466	20,154	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: 140186

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 147400

To 12/31/2011

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	SOCIAL SERVICE	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00	22.00			
1.00	Administrative and General	0	0	0	0	1,701,069	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,461,604	2.00
3.00	Physical Therapy	0	0	0	0	1,415,252	3.00
4.00	Occupational Therapy	0	0	0	0	190,785	4.00
5.00	Speech Pathology	0	0	0	0	63,663	5.00
6.00	Medical Social Services	0	0	0	0	3,698	6.00
7.00	Home Health Aide	0	0	0	0	51,107	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)	0	0	0	0	4,887,178	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: 140186	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 147400	To 12/31/2011	Part I
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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	1,701,069			1.00
2.00	Skilled Nursing Care	0	1,461,604	780,353	2,241,957	2.00
3.00	Physical Therapy	0	1,415,252	755,606	2,170,858	3.00
4.00	Occupational Therapy	0	190,785	101,860	292,645	4.00
5.00	Speech Pathology	0	63,663	33,990	97,653	5.00
6.00	Medical Social Services	0	3,698	1,974	5,672	6.00
7.00	Home Health Aide	0	51,107	27,286	78,393	7.00
8.00	Supplies (see instructions)	0	0	0	0	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	4,887,178	1,701,069	4,887,178	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.			0.533902		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: 140186 HHA CCN: 147400	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/31/2012 9:51 am PPS
		Home Health Agency I	

	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00	4.00	5.01				
1.00	Administrative and General	2,848	55,997	692,310	19	35	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)	2,848	55,997	692,310	19	35	20.00	
21.00	Total cost to be allocated	27,207	59,125	726,918	20,752	526,698	21.00	
22.00	Unit cost multiplier	9.553020	1.055860	1.049989	1,092.210526	15,048.514286	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/31/2012 9:51 am PPS
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	PURCHASING (REQS)	BUSINESS OFFICE (CHARGES)	Reconciliation	ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
	5.03	5.05	5A.06	5.06	6.00	
1.00 Administrative and General	33,751	4,689,097	0	1,409,960	4	1.00
2.00 Skilled Nursing Care	0	0	0	1,304,979	0	2.00
3.00 Physical Therapy	0	0	0	1,263,594	0	3.00
4.00 Occupational Therapy	0	0	0	170,341	0	4.00
5.00 Speech Pathology	0	0	0	56,841	0	5.00
6.00 Medical Social Services	0	0	0	3,302	0	6.00
7.00 Home Health Aide	0	0	0	45,630	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)	33,751	4,689,097		4,254,647	4	20.00
21.00 Total cost to be allocated	2,186	47,074		510,647	6,636	21.00
22.00 Unit cost multiplier	0.064768	0.010039		0.120021	1,659.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/31/2012 9:51 am PPS
		Home Health Agency I	

	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	2,848	0	2,848	0	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)	2,848	0	2,848	0	0	20.00
21.00 Total cost to be allocated	56,788	0	37,840	0	0	21.00
22.00 Unit cost multiplier	19.939607	0.000000	13.286517	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/31/2012 9:51 am PPS
		Home Health Agency I	

	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (ASSIGNED TIME)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	13.00	14.00	15.00	16.00	17.00	
1.00 Administrative and General	0	0	2,625	4,689,097	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)	0	0	2,625	4,689,097	0	20.00
21.00 Total cost to be allocated	0	0	466	20,154	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.177524	0.004298	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II
	HHA CCN: 147400	Home Health Agency I	Date/Time Prepared: 5/31/2012 9:51 am PPS

		INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		21.00	22.00			
1.00	Administrative and General	0	0	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)	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140186 HHA CCN: 147400		Period: From 01/01/2011 To 12/31/2011		Worksheet H-3 Parts I-III Date/Time Prepared: 5/31/2012 9:51 am	
		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	2,241,957		2,241,957	9,385	1.00
2.00	Physical Therapy	3.00	2,170,858	0	2,170,858	8,001	2.00
3.00	Occupational Therapy	4.00	292,645	0	292,645	1,119	3.00
4.00	Speech Pathology	5.00	97,653	0	97,653	525	4.00
5.00	Medical Social Services	6.00	5,672		5,672	39	5.00
6.00	Home Health Aide	7.00	78,393		78,393	1,017	6.00
7.00	Total (sum of lines 1-6)		4,887,178	0	4,887,178	20,086	7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Insurance      Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		28100	6,960	0		8.00
9.00	Physical Therapy		28100	6,327	0		9.00
10.00	Occupational Therapy		28100	867	0		10.00
11.00	Speech Pathology		28100	376	0		11.00
12.00	Medical Social Services		28100	26	0		12.00
13.00	Home Health Aide		28100	925	0		13.00
14.00	Total (sum of lines 8-13)			15,481	0		14.00
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 Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	0	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	16.00
Cost Center Description			From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy		66.00	0.407469	0	0	1.00
2.00	Occupational Therapy						2.00
3.00	Speech Pathology						3.00
4.00	Cost of Medical Supplies		71.00	0.173146	0	0	4.00
5.00	Cost of Drugs		73.00	0.178129	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140186	Period: From 01/01/2011	Worksheet H-3		
		HHA CCN: 147400	To 12/31/2011	Parts I-III		
		Title XVII I	Home Health Agency I	Date/Time Prepared: 5/31/2012 9:51 am		
				PPS		
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Program Visits				
		Part A	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	238.89	6,960	0	1.00	
2.00	Physical Therapy	271.32	6,327	0	2.00	
3.00	Occupational Therapy	261.52	867	0	3.00	
4.00	Speech Pathology	186.01	376	0	4.00	
5.00	Medical Social Services	145.44	26	0	5.00	
6.00	Home Health Aide	77.08	925	0	6.00	
7.00	Total (sum of lines 1-6)		15,481	0	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	
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Program Covered Charges				
		Part A	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	0.000000	0	0	15.00	
16.00	Cost of Drugs	0.000000	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				2.00	
3.00	Speech Pathology				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: 140186	Period: From 01/01/2011	Worksheet H-3 Parts I-11 Date/Time Prepared: 5/31/2012 9:51 am
	HHA CCN: 147400	To 12/31/2011	
	Title XVII I	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 & Coi nsurance	Subject to Deductibles & Coi nsurance			
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	1,662,674	0		1,662,674	1.00
2.00	Physical Therapy	1,716,642	0		1,716,642	2.00
3.00	Occupational Therapy	226,738	0		226,738	3.00
4.00	Speech Pathology	69,940	0		69,940	4.00
5.00	Medical Social Services	3,781	0		3,781	5.00
6.00	Home Health Aide	71,299	0		71,299	6.00
7.00	Total (sum of lines 1-6)	3,751,074	0		3,751,074	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 & Coi nsurance	Subject to Deductibles & Coi nsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	0	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/31/2012 9:51 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	3,923,685	0	0
<b>Customary Charges</b>				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
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	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	3,923,685	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	3,923,685	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		3,585,825	0
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		0	0
14.00	Total PPS Reimbursement - PEP Episodes		0	0
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)		3,585,825	0
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		3,585,825	0
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		3,585,825	0
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)		3,585,825	0
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		3,585,825	0
32.00	Interim payments (see instructions)		3,585,825	0
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. 15-11, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2011 To 12/31/2011	Worksheet H-5 Date/Time Prepared: 5/31/2012 9:51 am PPS
		Home Health Agency I	

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,585,825			0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 3.00
Program to Provider						
3.01			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)		3,585,825			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 5.00
Program to Provider						
5.01			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)					0 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)		3,585,825			0 7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/31/2012 9:51 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,621,333	1.00
2.00	Capital DRG outlier payments		107,509	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		125.95	3.00
4.00	Number of interns & residents (see instructions)		0.83	4.00
5.00	Indirect medical education percentage (see instructions)		0.19	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		6,881	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.33	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		28.40	8.00
9.00	Sum of lines 7 and 8		32.73	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.85	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		248,061	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,983,784	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2011 To 12/31/2011	Worksheet M-1 Date/Time Prepared: 5/31/2012 9:51 am
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		Title XVIII		Rural Health Clinic (RHC) I	Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	37,368	0	37,368	0	37,368	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	33,481	0	33,481	0	33,481	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	57,085	0	57,085	3,326	60,411	9.00
10.00	Subtotal (sum of lines 1-9)	127,934	0	127,934	3,326	131,260	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	0	0	0	0	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	69,022	69,022	-24,489	44,533	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	69,022	69,022	-24,489	44,533	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	127,934	69,022	196,956	-21,163	175,793	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	12,205	12,205	0	12,205	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	12,205	12,205	0	12,205	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	0	0	0	0	0	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	0	0	0	0	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	127,934	81,227	209,161	-21,163	187,998	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet M-1
	Component CCN: 143976		Date/Time Prepared: 5/31/2012 9:51 am
	Title XVII I	Rural Health Clinic (RHC) I	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>			
1.00 Physician	0	37,368	1.00
2.00 Physician Assistant	0	0	2.00
3.00 Nurse Practitioner	0	33,481	3.00
4.00 Visiting Nurse	0	0	4.00
5.00 Other Nurse	0	0	5.00
6.00 Clinical Psychologist	0	0	6.00
7.00 Clinical Social Worker	0	0	7.00
8.00 Laboratory Technician	0	0	8.00
9.00 Other Facility Health Care Staff Costs	0	60,411	9.00
10.00 Subtotal (sum of lines 1-9)	0	131,260	10.00
11.00 Physician Services Under Agreement	0	0	11.00
12.00 Physician Supervision Under Agreement	0	0	12.00
13.00 Other Costs Under Agreement	0	0	13.00
14.00 Subtotal (sum of lines 11-13)	0	0	14.00
15.00 Medical Supplies	0	0	15.00
16.00 Transportation (Health Care Staff)	0	0	16.00
17.00 Depreciation-Medical Equipment	0	0	17.00
18.00 Professional Liability Insurance	0	0	18.00
19.00 Other Health Care Costs	0	44,533	19.00
20.00 Allowable GME Costs	0	0	20.00
21.00 Subtotal (sum of lines 15-20)	0	44,533	21.00
22.00 Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	175,793	22.00
<b>COSTS OTHER THAN RHC/FOHC SERVICES</b>			
23.00 Pharmacy	0	0	23.00
24.00 Dental	0	0	24.00
25.00 Optometry	0	0	25.00
26.00 All other nonreimbursable costs	-49,573	-37,368	26.00
27.00 Nonallowable GME costs	0	0	27.00
28.00 Total Nonreimbursable Costs (sum of lines 23-27)	-49,573	-37,368	28.00
<b>FACILITY OVERHEAD</b>			
29.00 Facility Costs	0	0	29.00
30.00 Administrative Costs	0	0	30.00
31.00 Total Facility Overhead (sum of lines 29 and 30)	0	0	31.00
32.00 Total facility costs (sum of lines 22, 28 and 31)	-49,573	138,425	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet M-2		
		Component CCN: 143976		Date/Time Prepared: 5/31/2012 9:51 am		
		Title XVIII	Rural Health Clinic (RHC) I	Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Positi ons</b>						
1.00	Physician	0.16	414	4,200	672	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.40	1,057	2,100	840	3.00
4.00	Subtotal (sum of lines 1-3)	0.56	1,471		1,512	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	0.56	1,471		1,512	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	
<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES</b>						
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)				175,793	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)				-37,368	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				138,425	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)				1.269951	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)				0	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				243,916	15.00
16.00	Total overhead (sum of lines 14 and 15)				243,916	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtract line 17 from line 16				243,916	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				309,761	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				485,554	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140186	Period: From 01/01/2011 To 12/31/2011	Worksheet M-3
		Component CCN: 143976		Date/Time Prepared: 5/31/2012 9:51 am
		Title XVIII	Rural Health Clinic (RHC) I	Cost
				1.00
<b>DETERMINATION OF RATE FOR RHC/FQHC SERVICES</b>				
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		485,554	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		485,554	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		1,512	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		1,512	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		321.13	7.00
		<b>Calculation of Limit (1)</b>		
		<b>Prior to January 1</b>	<b>On or After January 1</b>	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27, Sec. 505 or your contractor)	0.00	78.54	8.00
9.00	Rate for Program covered visits (see instructions)	0.00	78.54	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	0	92	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	7,226	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)	0	0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	7,226	16.00
16.01	Total program charges (see instructions)(from contractor's records)		7,524	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		5,781	16.04
16.05	Total program cost (see instructions)		5,781	16.05
17.00	Primary payer amounts		2,472	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		0	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		1,010	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		3,309	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		3,309	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		3,309	26.00
27.00	Interim payments		3,760	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		-451	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, section 115.2		0	30.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2011 To 12/31/2011	Worksheet M-5 Date/Time Prepared: 5/31/2012 9:51 am
	Title XVIII	Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		3,760	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	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	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		3,760	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	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		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	6.01
6.02	SETTLEMENT TO PROGRAM		451	6.02
7.00	Total Medicare program liability (see instructions)		3,309	7.00
		Contractor Number	Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00