Health Financial Systems

In Lieu of Form CMS-2552-10

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure 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: 140240	Period: From 08/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/27/2012 11:01 am

PART I - COST REPORT STATUS

Date: 1/27/2012 Time: 11:01 am

Provider use only

1. [X] Electronically filed cost report
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [ ] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [0] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 WESTLAKE COMMUNITY HOSPITAL for the cost reporting period beginning 08/01/2010 and ending 06/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
ECR: Date: 1/27/2012 Time: 11:01 am
4m7vFkeQspqP03PzEkQErLRj1xFqi0
XFs:gOEF1LgyQApWyo.m12A5GYsH0e
fcjh1KfCON0aN7op
PI: Date: 1/27/2012 Time: 11:01 am
bMkLb6oIytUdadoTzv9N44CKDHFil1
qQrh4OrIVOR8xum39J8zT8n6U7nAbC
NcgsG1WZsF0AqBpc

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

Title _____

Date 1/27/12

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	323,420	184,323	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	29,050	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		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	352,470	184,323	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.

Health Financial Systems

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet S-2 Part I | Date/Time Prepared: 1/27/2012 10:58 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				1.00
1.00	Street: 1225 SUPERIOR STREET	PO Box:			2.00
2.00	City: MELROSE PARK	State: IL	Zip Code: 60160	County: COOK	

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	WESTLAKE COMMUNITY HOSPITAL	140240	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	PSYCH	14S240	16974	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF	REHAB	14T240	16974	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						N	N	N	9.00
10.00	Hospital-Based NF						N		N	10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA						N	N	N	12.00
13.00	Separately Certified ASC						N	N	N	13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N	16.00
17.00	Hospital-Based (CMHC) 1						N	N	N	17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	08/01/2010	06/30/2011	20.00
21.00	Type of Control (see instructions)	4		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of State Medicaid paid days	Out-of State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	7,683	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	514	0	0	0	0	0	25.00

		1.00	
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	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.	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

		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

Health Financial Systems
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet S-2 Part I | Date/Time Prepared: 1/27/2012 10:58 am

		Beginning:	Ending:	
		1.00	2.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	Y	Y	Y	45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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	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	IME Average	Direct GME Average	
		1.00	2.00	3.00	
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				62.00
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			
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings				63.00
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			

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	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.				
64.00	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	64.00

	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet S-2 Part I | Date/Time Prepared: 1/27/2012 10:58 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	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	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	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	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.	N	80.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140240	Period: From 08/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/27/2012 10:58 am

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

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		1.00	2.00	
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	44H108	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: VANGUARD HEALTH SYSTEMS	Contractor's Name: CAHABA GBA	Contractor's Number: 00011	141.00
142.00 Street: 20 BURTON HILLS BLVD, SUITE 100	PO Box:		142.00
143.00 City: NASHVILLE	State: AL	Zip Code: 35242	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 - Other	N	N	158.00
159.00	SNF	N	N	159.00
160.00	HHA	N	N	160.00
161.00	CMHC		N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

	0 Name	1.00 County	2.00 State	3.00 Zip Code	4.00 CBSA	5.00 FTE/Campus	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		0 168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		0.00 169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet S-2 Part II | Date/Time Prepared: 1/27/2012 10:58 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)	Y	08/01/2010	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.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Description	Part A Y/N	Part A Date	
		0	1.00	2.00	
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		Y	10/20/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				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.				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: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet S-2 Part II Date/Time Prepared: 1/27/2012 10:58 am

		Description	Part A Y/N	Part A Date		
		0	1.00	2.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		Y			21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet S-2 Part II Date/Time Prepared: 1/27/2012 10:58 am

		Part B		
		Y/N	Date	
		3.00	4.00	
	PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	10/20/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			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.			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.			21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet S-3 Part I | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours		
		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	106	35,404	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)		106	35,404	0.00		7.00
8.00	Intensive Care Unit	31.00	12	4,008	0.00		8.00
9.00	Coronary Care Unit	32.00	0	0	0.00		9.00
10.00	Burn Intensive Care Unit	33.00	0	0	0.00		10.00
11.00	Surgical Intensive Care Unit	34.00	0	0	0.00		11.00
12.00	Other Special Care (specify)						12.00
13.00	Nursery	43.00					13.00
14.00	Total (see instructions)		118	39,412	0.00		14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	40.00	33	11,022			16.00
17.00	SUBPROVIDER - IRF	41.00	40	13,360			17.00
18.00	SUBPROVIDER	42.00	0	0			18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00	NURSING FACILITY	45.00	0	0			20.00
21.00	OTHER LONG TERM CARE	46.00	0	0			21.00
22.00	HOME HEALTH AGENCY	101.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	0			24.00
25.00	CMHC - CMHC	99.00					25.00
25.10	CMHC - CORF	99.10					25.10
26.00	RURAL HEALTH CLINIC	88.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00	Total (sum of lines 14-26)		191				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

Health Financial Systems

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet S-3 Part I | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	I/P Days / O/P Visits / Trips				
		Title V	Title XVIII	Title XIX	Total All Patients	
		5.00	6.00	7.00	8.00	1.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	7,102	7,873	17,082	2.00
2.00	HMO		723	0		3.00
3.00	HMO IPF		0	0		4.00
4.00	HMO IRF		0	0		5.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0		0	0	6.00
6.00	Hospital Adults & Peds. Swing Bed NF	0		0	0	7.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	0	7,102	7,873	17,082	8.00
8.00	Intensive Care Unit	0	1,026	0	2,195	9.00
9.00	Coronary Care Unit	0	0	0	0	10.00
10.00	Burn Intensive Care Unit	0	0	0	0	11.00
11.00	Surgical Intensive Care Unit	0				12.00
12.00	Other Special Care (specify)			0	3,643	13.00
13.00	Nursery	0	8,128	7,873	22,920	14.00
14.00	Total (see instructions)	0	0	0	0	15.00
15.00	CAH visits	0	3,772	0	9,026	16.00
16.00	SUBPROVIDER - IPF	0	1,361	514	2,383	17.00
17.00	SUBPROVIDER - IRF	0	0	0	0	18.00
18.00	SUBPROVIDER	0	0	0	0	19.00
19.00	SKILLED NURSING FACILITY	0		0	0	20.00
20.00	NURSING FACILITY				0	21.00
21.00	OTHER LONG TERM CARE	0	0	0	0	22.00
22.00	HOME HEALTH AGENCY					23.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	24.00
24.00	HOSPICE	0	0	0	0	25.00
25.00	CMHC - CMHC	0	0	0	0	25.10
25.10	CMHC - CORF	0	0	0	0	26.00
26.00	RURAL HEALTH CLINIC	0	0	0	0	26.25
26.25	FEDERALLY QUALIFIED HEALTH CENTER					27.00
27.00	Total (sum of lines 14-26)	0		0	3,584	28.00
28.00	Observation Bed Days	0	0	0	0	28.01
28.01	SUBPROVIDER - IPF	0	0	0	0	28.02
28.02	SUBPROVIDER - IRF	0	0	0	0	28.03
28.03	SUBPROVIDER		0			29.00
29.00	Ambulance Trips				0	30.00
30.00	Employee discount days (see instruction)				0	31.00
31.00	Employee discount days - IRF			0	0	32.00
32.00	Labor & delivery days (see instructions)		0			33.00
33.00	LTCH non-covered days					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/27/2012 10:58 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	1,508	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)	34.88	604.08	0.00	0	1,508	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	33.91	0.00	0	246	16.00
17.00	SUBPROVIDER - IRF	0.00	14.22	0.00	0	114	17.00
18.00	SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00	NURSING FACILITY	0.00	0.00	0.00			20.00
21.00	OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00	HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00	HOSPICE	0.00	0.00	0.00			24.00
25.00	CMHC - CMHC	0.00	0.00	0.00			25.00
25.10	CMHC - CORF	0.00	0.00	0.00			25.10
26.00	RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00	Total (sum of lines 14-26)	34.88	652.21	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: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet S-3 Part I | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Discharges Title XIX	Discharges 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)	2,903	5,073	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)	2,903	5,073	14.00
15.00	CAH visits			15.00
16.00	SUBPROVIDER - IPF	0	849	16.00
17.00	SUBPROVIDER - IRF	0	195	17.00
18.00	SUBPROVIDER	0	0	18.00
19.00	SKILLED NURSING FACILITY			19.00
20.00	NURSING FACILITY			20.00
21.00	OTHER LONG TERM CARE		0	21.00
22.00	HOME HEALTH AGENCY			22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)			23.00
24.00	HOSPICE			24.00
25.00	CMHC - CMHC			25.00
25.10	CMHC - CORF			25.10
26.00	RURAL HEALTH CLINIC			26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER			26.25
27.00	Total (sum of lines 14-26)			27.00
28.00	Observation Bed Days			28.00
28.01	SUBPROVIDER - IPF			28.01
28.02	SUBPROVIDER - IRF			28.02
28.03	SUBPROVIDER			28.03
29.00	Ambulance Trips			29.00
30.00	Employee discount days (see instruction)			30.00
31.00	Employee discount days - IRF			31.00
32.00	Labor & delivery days (see instructions)			32.00
33.00	LTCH non-covered days			33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet S-3 Part II Date/Time Prepared: 1/27/2012 10:58 am

		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
		1.00	2.00	2.50	3.00	4.00	
	PART II - WAGE DATA						
	SALARIES						
1.00	Total salaries (see instructions)	200.00	37,880,466	0	0	37,880,466	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0	3.00
4.00	Physician-Part A		0	0	0	0	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0	4.01
5.00	Physician-Part B		0	0	0	0	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	855,385	0	0	855,385	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0	7.01
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	0	0	0	0	9.00
10.00	Excluded area salaries (see instructions)		3,908,920	0	0	3,908,920	10.00
	OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		90,014	0	0	90,014	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		149,845	0	0	149,845	13.00
14.00	Home office salaries & wage-related costs		1,479,497	0	0	1,479,497	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0	16.00
	WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		7,046,376	0	0	7,046,376	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0	0	18.00
19.00	Excluded areas		330,121	0	0	330,121	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	0	21.00
22.00	Physician Part A		0	0	0	0	22.00
23.00	Physician Part B		0	0	0	0	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		52,544	0	0	52,544	25.00
	OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	292,692	0	0	292,692	26.00
27.00	Administrative & General	5.00	5,103,362	0	0	5,103,362	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0	29.00
30.00	Operation of Plant	7.00	1,004,621	0	0	1,004,621	30.00
31.00	Laundry & Linen Service	8.00	33,630	0	0	33,630	31.00
32.00	Housekeeping	9.00	958,026	0	0	958,026	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	1,450,364	0	0	1,450,364	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	0	0	0	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	566,569	0	0	566,569	38.00
39.00	Central Services and Supply	14.00	173,895	0	0	173,895	39.00
40.00	Pharmacy	15.00	1,437,635	0	0	1,437,635	40.00
41.00	Medical Records & Medical Records Library	16.00	736,172	0	0	736,172	41.00
42.00	Social Service	17.00	0	0	0	0	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet S-3 Part II | Date/Time Prepared: 1/27/2012 10:58 am

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
		5.00	6.00		
	PART II - WAGE DATA				
	SALARIES				
1.00	Total salaries (see instructions)	1,243,775.00	30.46		1.00
2.00	Non-physician anesthetist Part A	0.00	0.00		2.00
3.00	Non-physician anesthetist Part B	0.00	0.00		3.00
4.00	Physician-Part A	0.00	0.00		4.00
4.01	Physicians - Part A - direct teaching	0.00	0.00		4.01
5.00	Physician-Part B	0.00	0.00		5.00
6.00	Non-physician-Part B	0.00	0.00		6.00
7.00	Interns & residents (in an approved program)	15,886.00	53.85		7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00		7.01
8.00	Home office personnel	0.00	0.00		8.00
9.00	SNF	0.00	0.00		9.00
10.00	Excluded area salaries (see instructions)	118,386.00	33.02		10.00
	OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	1,864.00	48.29		11.00
12.00	Management and administrative services	0.00	0.00		12.00
13.00	Contract labor: physician-Part A	1,138.00	131.67		13.00
14.00	Home office salaries & wage-related costs	25,408.00	58.23		14.00
15.00	Home office: physician Part A	0.00	0.00		15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00		16.00
	WAGE-RELATED COSTS				
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24				17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25				18.00
19.00	Excluded areas				19.00
20.00	Non-physician anesthetist Part A				20.00
21.00	Non-physician anesthetist Part B				21.00
22.00	Physician Part A				22.00
23.00	Physician Part B				23.00
24.00	Wage-related costs (RHC/FQHC)				24.00
25.00	Interns & residents (in an approved program)				25.00
	OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	16,785.00	17.44		26.00
27.00	Administrative & General	137,782.00	37.04		27.00
28.00	Administrative & General under contract (see inst.)	0.00	0.00		28.00
29.00	Maintenance & Repairs	0.00	0.00		29.00
30.00	Operation of Plant	43,472.00	23.11		30.00
31.00	Laundry & Linen Service	2,794.00	12.04		31.00
32.00	Housekeeping	74,755.00	12.82		32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00		33.00
34.00	Dietary	86,569.00	16.75		34.00
35.00	Dietary under contract (see instructions)	0.00	0.00		35.00
36.00	Cafeteria	0.00	0.00		36.00
37.00	Maintenance of Personnel	0.00	0.00		37.00
38.00	Nursing Administration	13,035.00	43.47		38.00
39.00	Central Services and Supply	10,557.00	16.47		39.00
40.00	Pharmacy	36,537.00	39.35		40.00
41.00	Medical Records & Medical Records Library	35,919.00	20.50		41.00
42.00	Social Service	0.00	0.00		42.00
43.00	Other General Service	0.00	0.00		43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet S-3 Part III Date/Time Prepared: 1/27/2012 10:58 am

		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
		1.00	2.00	2.50	3.00	4.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)		37,025,081	0	0	37,025,081	1.00
2.00	Excluded area salaries (see instructions)		3,908,920	0	0	3,908,920	2.00
3.00	Subtotal salaries (line 1 minus line 2)		33,116,161	0	0	33,116,161	3.00
4.00	Subtotal other wages & related costs (see inst.)		1,719,356	0	0	1,719,356	4.00
5.00	Subtotal wage-related costs (see inst.)		7,046,376	0	0	7,046,376	5.00
6.00	Total (sum of lines 3 thru 5)		41,881,893	0	0	41,881,893	6.00
7.00	Total overhead cost (see instructions)		11,756,966	0	0	11,756,966	7.00

Health Financial Systems

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet S-3 Part III | Date/Time Prepared: 1/27/2012 10:58 am

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY			1.00
1.00	Net salaries (see instructions)	1,227,889.00	30.15	2.00
2.00	Excluded area salaries (see instructions)	118,386.00	33.02	3.00
3.00	Subtotal salaries (line 1 minus line 2)	1,109,503.00	29.85	4.00
4.00	Subtotal other wages & related costs (see inst.)	28,410.00	60.52	5.00
5.00	Subtotal wage-related costs (see inst.)	0.00	21.28	6.00
6.00	Total (sum of lines 3 thru 5)	1,137,913.00	36.81	7.00
7.00	Total overhead cost (see instructions)	458,205.00	25.66	

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet S-3 Part IV Date/Time Prepared: 1/27/2012 10:58 am

		Amount Reported 1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	247,645	3.00
4.00	Prior Year Pension Service Cost	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	2,868,547	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	86,151	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	17,314	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	34,745	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	137,993	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	376,086	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	2,428,940	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	779,218	20.00
	OTHER		
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	69,737	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	7,046,376	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet S-3 Part V Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Contract Labor 1.00	Benefit Cost 2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	226,652	7,429,041	1.00
2.00	Hospital	226,564	7,190,861	2.00
3.00	Subprovider - IPF	0	169,592	3.00
4.00	Subprovider - IRF	88	68,588	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00				18.00

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.246304	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	19,049,044	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	2,172,967	5.00
6.00	Medicaid charges	81,010,260	6.00
7.00	Medicaid cost (line 1 times line 6)	19,953,151	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
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	3,840,216	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	1,199,569	0	1,199,569	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	295,459	0	295,459	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)	295,459	0	295,459	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	11,956,491	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,098,534	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	10,857,957	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	2,674,358	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	2,969,817	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	2,969,817	31.00

Health Financial Systems

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt		0	0	1,030,992	1,030,992	1.00
2.00	Cap Rel Costs-Mvble Equip		0	0	827,050	827,050	2.00
3.00	Other Cap Related Cost		0	0	0	0	3.00
4.00	Employee Benefits	292,692	4,549,119	4,841,811	-8,940	4,832,871	4.00
5.00	Administrative & General	5,103,362	18,389,107	23,492,469	-1,465,763	22,026,706	5.00
6.00	Maintenance & Repairs	0	0	0	0	0	6.00
7.00	Operation of Plant	1,004,621	3,430,912	4,435,533	-11,302	4,424,231	7.00
8.00	Laundry & Linen Service	33,630	415,269	448,899	28,060	476,959	8.00
9.00	Housekeeping	958,026	275,047	1,233,073	-13,767	1,219,306	9.00
10.00	Dietary	1,450,364	751,812	2,202,176	-8,102	2,194,074	10.00
11.00	Cafeteria	0	0	0	0	0	11.00
12.00	Maintenance of Personnel	0	0	0	0	0	12.00
13.00	Nursing Administration	566,569	100,976	667,545	-2,175	665,370	13.00
14.00	Central Services & Supply	173,895	253,456	427,351	-198,455	228,896	14.00
15.00	Pharmacy	1,437,635	2,426,326	3,863,961	-2,089,064	1,774,897	15.00
16.00	Medical Records & Library	736,172	489,677	1,225,849	-6,116	1,219,733	16.00
17.00	Social Service	0	0	0	0	0	17.00
18.00	Other General Service (specify)	0	0	0	0	0	18.00
19.00	Nonphysician Anesthetists	0	0	0	0	0	19.00
20.00	Nursing School	0	0	0	0	0	20.00
21.00	I&R Services-Salary & Fringes Apprvd	855,385	0	855,385	0	855,385	21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	2,221,623	2,221,623	-7,848	2,213,775	22.00
23.00	Paramed. Ed. Prgm.-(specify)	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	8,232,325	2,227,296	10,459,621	-2,013,040	8,446,581	30.00
31.00	Intensive Care Unit	1,566,756	717,811	2,284,567	-138,003	2,146,564	31.00
32.00	Coronary Care Unit	0	0	0	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	1,983,060	233,720	2,216,780	-14,804	2,201,976	40.00
41.00	SUBPROVIDER - IRF	817,186	185,219	1,002,405	-24,347	978,058	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	Nursery	62,749	6,297	69,046	1,535,847	1,604,893	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	2,414,129	3,810,781	6,224,910	-2,941,741	3,283,169	50.00
50.01	GASTRO INTESTINAL SERVICES	223,322	110,614	333,936	-85,832	248,104	50.01
51.00	Recovery Room	350,650	39,741	390,391	-5,122	385,269	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	35,541	1,495,698	1,531,239	-75,259	1,455,980	53.00
54.00	Radiology - Diagnostic	975,099	225,166	1,200,265	-41,838	1,158,427	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	133,317	229,469	362,786	-2,693	360,093	56.00
56.01	ULTRA SOUND	464,591	49,921	514,512	-6,565	507,947	56.01
57.00	CT Scan	137,161	53,466	190,627	-17,152	173,475	57.00
58.00	Magnetic Resonance Imaging (MRI)	150,792	18,474	169,266	-1,556	167,710	58.00
59.00	Cardiac Catheterization	555,370	2,526,695	3,082,065	-1,459,449	1,622,616	59.00
60.00	Laboratory	1,781,069	1,621,871	3,402,940	-78,221	3,324,719	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only		0	0	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	94,296	516,920	611,216	-7,708	603,508	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	673,606	232,554	906,160	-142,175	763,985	65.00
66.00	Physical Therapy	894,525	151,436	1,045,961	-12,557	1,033,404	66.00
67.00	Occupational Therapy	366,693	100,581	467,274	-758	466,516	67.00
68.00	Speech Pathology	163,082	17,383	180,465	-147	180,318	68.00
69.00	Electro cardiology	242,478	81,711	324,189	-6,996	317,193	69.00
70.00	Electroencephalography	29,222	15,106	44,328	-325	44,003	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	3,659,301	3,659,301	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	1,709,573	1,709,573	72.00
73.00	Drugs Charged to Patients	0	0	0	2,277,738	2,277,738	73.00
74.00	RENAL DIALYSIS	0	344,119	344,119	0	344,119	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	45,343	4,344	49,687	-89	49,598	90.01

Health Financial Systems

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
90.02	CANCER CENTER	2,100	1,668	3,768	0	3,768	90.02
90.03	WOUND CARE	71,676	7,023	78,699	-916	77,783	90.03
91.00	Emergency	1,693,303	2,059,327	3,752,630	-145,372	3,607,258	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY						101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition		0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE						116.00
118.00	SUBTOTALS (sum of lines 1-117)	36,771,792	50,387,735	87,159,527	34,364	87,193,891	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	0	20,587	20,587	0	20,587	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
193.00	Nonpaid Workers	277,164	554,747	831,911	0	831,911	193.00
194.00	MARKETING	179,672	7,219	186,891	-77	186,814	194.00
194.01	HOSPITALISTS	163,627	53,248	216,875	-885	215,990	194.01
194.02	COMMUNITY RELATIONS	1,280	26,925	28,205	0	28,205	194.02
194.03	SENIOR CENTER	298,821	362,302	661,123	-28,447	632,676	194.03
194.04	PHYSICIAN CLINICS	89,518	104,651	194,169	-4,955	189,214	194.04
194.05	POB	98,592	9,961	108,553	0	108,553	194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0	194.06
194.07	GUEST TRAYS & CATERING MEALS						194.07
200.00	TOTAL (sum of lines 118-199)	37,880,466	51,527,375	89,407,841	0	89,407,841	200.00

Health Financial Systems

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
	GENERAL SERVICE COST CENTERS			1.00
1.00	Cap Rel Costs-Bldg & Fixt	1,883,522	2,914,514	2.00
2.00	Cap Rel Costs-Mvble Equip	2,242,126	3,069,176	3.00
3.00	Other Cap Related Cost	0	0	4.00
4.00	Employee Benefits	-196,046	4,636,825	5.00
5.00	Administrative & General	-10,802,544	11,224,162	6.00
6.00	Maintenance & Repairs	0	0	7.00
7.00	Operation of Plant	-13,501	4,410,730	8.00
8.00	Laundry & Linen Service	0	476,959	9.00
9.00	Housekeeping	0	1,219,306	10.00
10.00	Dietary	-243,270	1,950,804	11.00
11.00	Cafeteria	0	0	12.00
12.00	Maintenance of Personnel	0	0	13.00
13.00	Nursing Administration	-1,743	663,627	14.00
14.00	Central Services & Supply	-111	228,785	15.00
15.00	Pharmacy	-15,274	1,759,623	16.00
16.00	Medical Records & Library	0	1,219,733	17.00
17.00	Social Service	0	0	18.00
18.00	Other General Service (specify)	0	0	19.00
19.00	Nonphysician Anesthetists	0	0	20.00
20.00	Nursing School	0	0	21.00
21.00	I&R Services-Salary & Fringes Apprvd	-73,157	782,228	22.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	2,213,775	23.00
23.00	Paramed. Ed. Prgm.-(specify)	0	0	
	INPATIENT ROUTINE SERVICE COST CENTERS			30.00
30.00	Adults & Pediatrics	-439,586	8,006,995	31.00
31.00	Intensive Care Unit	-16,684	2,129,880	32.00
32.00	Coronary Care Unit	0	0	33.00
33.00	Burn Intensive Care Unit	0	0	34.00
34.00	Surgical Intensive Care Unit	0	0	40.00
40.00	SUBPROVIDER - IPF	-878	2,201,098	41.00
41.00	SUBPROVIDER - IRF	-151	977,907	42.00
42.00	SUBPROVIDER	0	0	43.00
43.00	Nursery	0	1,604,893	44.00
44.00	SKILLED NURSING FACILITY	0	0	45.00
45.00	NURSING FACILITY	0	0	46.00
46.00	OTHER LONG TERM CARE	0	0	
	ANCILLARY SERVICE COST CENTERS			50.00
50.00	Operating Room	-7,132	3,276,037	50.01
50.01	GASTRO INTESTINAL SERVICES	0	248,104	51.00
51.00	Recovery Room	0	385,269	52.00
52.00	Labor Room & Delivery Room	0	0	53.00
53.00	Anesthesiology	-1,419,668	36,312	54.00
54.00	Radiology - Diagnostic	-31,079	1,127,348	55.00
55.00	Radiology - Therapeutic	0	0	56.00
56.00	Radioisotope	0	360,093	56.01
56.01	ULTRA SOUND	0	507,947	57.00
57.00	CT Scan	0	173,475	58.00
58.00	Magnetic Resonance Imaging (MRI)	0	167,710	59.00
59.00	Cardiac Catheterization	-668,087	954,529	60.00
60.00	Laboratory	-411,757	2,912,962	60.01
60.01	Blood Laboratory	0	0	61.00
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	62.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	63.00
63.00	Blood Storing, Processing, & Trans.	0	603,508	64.00
64.00	Intravenous Therapy	0	0	65.00
65.00	Respiratory Therapy	-8,809	755,176	66.00
66.00	Physical Therapy	-113,831	919,573	67.00
67.00	Occupational Therapy	0	466,516	68.00
68.00	Speech Pathology	0	180,318	69.00
69.00	Electro cardiology	-16,517	300,676	70.00
70.00	Electroencephalography	-10,640	33,363	71.00
71.00	Medical Supplies Charged to Patients	0	3,659,301	72.00
72.00	Implantable Devices Chrgd to Patient	0	1,709,573	73.00
73.00	Drugs Charged to Patients	0	2,277,738	74.00
74.00	RENAL DIALYSIS	0	344,119	75.00
75.00	ASC (Non-Distinct Part)	0	0	
	OUTPATIENT SERVICE COST CENTERS			88.00
88.00	RURAL HEALTH CLINIC	0	0	89.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	90.00
90.00	Clinic	0	0	90.01
90.01	DIABETOLOGY	0	49,598	90.02
90.02	CANCER CENTER	0	3,768	90.03
90.03	WOUND CARE	0	77,783	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
91.00	Emergency	-1,501,840	2,105,418	91.00
92.00	Observation Beds (Non-Distinct Part)			92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis	0	0	94.00
95.00	Ambulance Services	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	Kidney Acquisition	0	0	105.00
106.00	Heart Acquisition	0	0	106.00
107.00	Liver Acquisition	0	0	107.00
108.00	Lung Acquisition	0	0	108.00
109.00	Pancreas Acquisition	0	0	109.00
110.00	Intestinal Acquisition	0	0	110.00
111.00	Islet Acquisition	0	0	111.00
113.00	Interest Expense	0	0	113.00
114.00	Utilization Review-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	-11,866,657	75,327,234	118.00
	NONREIMBURSABLE COST CENTERS			
190.00	Gift, Flower, Coffee Shop, & Canteen	0	20,587	190.00
191.00	Research	0	0	191.00
192.00	Physicians' Private Offices	0	0	192.00
193.00	Nonpaid Workers	0	0	193.00
194.00	MARKETING	0	831,911	194.00
194.01	HOSPITALISTS	0	186,814	194.01
194.02	COMMUNITY RELATIONS	0	215,990	194.02
194.03	SENIOR CENTER	0	28,205	194.03
194.04	PHYSICIAN CLINICS	0	632,676	194.04
194.05	POB	0	189,214	194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	108,553	194.06
194.07	GUEST TRAYS & CATERING MEALS	0	0	194.07
200.00	TOTAL (sum of lines 118-199)	-11,866,657	77,541,184	200.00

Health Financial Systems
RECLASSIFICATIONS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center	Increases Line #	Increases Salary	Increases Other		
	2.00	3.00	4.00	5.00		
	A - DEPRECIATION					1.00
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	546,141		2.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	419,234		
	TOTALS		0	965,375		
	B - RENTALS					1.00
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	7,587		2.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	407,816		3.00
3.00		0.00	0	0		4.00
4.00		0.00	0	0		5.00
5.00		0.00	0	0		6.00
6.00		0.00	0	0		7.00
7.00		0.00	0	0		8.00
8.00		0.00	0	0		9.00
9.00		0.00	0	0		10.00
10.00		0.00	0	0		11.00
11.00		0.00	0	0		12.00
12.00		0.00	0	0		13.00
13.00		0.00	0	0		14.00
14.00		0.00	0	0		15.00
15.00		0.00	0	0		16.00
16.00		0.00	0	0		17.00
17.00		0.00	0	0		18.00
18.00		0.00	0	0		19.00
19.00		0.00	0	0		20.00
20.00		0.00	0	0		21.00
21.00		0.00	0	0		22.00
22.00		0.00	0	0		23.00
23.00			0	415,403		
	TOTALS					
	C - PROPERTY TAXES					1.00
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	477,264		
	TOTALS		0	477,264		
	D - PHARMACY COGS					1.00
1.00	Drugs Charged to Patients	73.00	0	2,277,738		2.00
2.00		0.00	0	0		3.00
3.00		0.00	0	0		4.00
4.00		0.00	0	0		5.00
5.00		0.00	0	0		6.00
6.00		0.00	0	0		7.00
7.00		0.00	0	0		8.00
8.00		0.00	0	0		9.00
9.00		0.00	0	0		10.00
10.00		0.00	0	0		11.00
11.00		0.00	0	0		12.00
12.00		0.00	0	0		13.00
13.00		0.00	0	0		14.00
14.00		0.00	0	0		15.00
15.00		0.00	0	0		16.00
16.00		0.00	0	0		17.00
17.00		0.00	0	0		18.00
18.00		0.00	0	0		19.00
19.00		0.00	0	0		20.00
20.00		0.00	0	0		21.00
21.00		0.00	0	0		22.00
22.00		0.00	0	0		23.00
23.00		0.00	0	0		24.00
24.00		0.00	0	0		25.00
25.00		0.00	0	0		26.00
26.00		0.00	0	0		27.00
27.00		0.00	0	0		28.00
28.00			0	2,277,738		
	TOTALS					
	E - LAUNDRY					1.00
1.00	Laundry & Linen Service	8.00	0	28,189		2.00
2.00	Housekeeping	9.00	0	1,449		3.00
3.00		0.00	0	0		4.00
4.00		0.00	0	0		5.00
5.00		0.00	0	0		6.00
6.00		0.00	0	0		7.00
7.00		0.00	0	0		8.00
8.00		0.00	0	0		9.00
9.00		0.00	0	0		10.00
10.00		0.00	0	0		11.00
11.00		0.00	0	0		

RECLASSIFICATIONS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center	Increases Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	TOTALS		0	29,638	
	F - MEDICAL SUPPLIES COGS				
1.00	Medical Supplies Charged to Patients	71.00	0	3,659,301	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
	TOTALS		0	3,659,301	
	G - IMPLANTABLE DEVICE				
1.00	Implantable Devices Chrgd to Patient	72.00	0	1,709,573	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	1,709,573	
	H - NURSERY COSTS				
1.00	Nursery	43.00	1,133,153	404,349	1.00
	TOTALS		1,133,153	404,349	
	I - HOSPITAL DEPTS IN POB				
1.00	Employee Benefits	4.00	0	877	1.00
2.00	Radiology - Diagnostic	54.00	0	4,078	2.00
	TOTALS		0	4,955	
500.00	Grand Total: Increases		1,133,153	9,943,596	500.00

Health Financial Systems
RECLASSIFICATIONS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DEPRECIATION						1.00
1.00	Administrative & General	5.00	0	965,375	9		2.00
2.00		0.00	0	0	9		
	TOTALS		0	965,375			
	B - RENTALS						1.00
1.00	Administrative & General	5.00	0	20,286	10		2.00
2.00	Operation of Plant	7.00	0	9,375	10		3.00
3.00	Dietary	10.00	0	2,599	0		4.00
4.00	Nursing Administration	13.00	0	1,623	0		5.00
5.00	Central Services & Supply	14.00	0	190,057	0		6.00
6.00	Medical Records & Library	16.00	0	5,193	0		7.00
7.00	I&R Services-Other Prgrm Costs Apprvd	22.00	0	7,848	0		8.00
8.00	Adults & Pediatrics	30.00	0	9,253	0		9.00
9.00	Intensive Care Unit	31.00	0	2,743	0		10.00
10.00	SUBPROVIDER - IPF	40.00	0	4,270	0		11.00
11.00	SUBPROVIDER - IRF	41.00	0	2,546	0		12.00
12.00	Operating Room	50.00	0	13,845	0		13.00
13.00	Radiology - Diagnostic	54.00	0	31,991	0		14.00
14.00	Cardiac Catheterization	59.00	0	7,587	0		15.00
15.00	Laboratory	60.00	0	6,065	0		16.00
16.00	Blood Storing, Processing, & Trans.	63.00	0	3,267	0		17.00
17.00	Respiratory Therapy	65.00	0	77,996	0		18.00
18.00	Physical Therapy	66.00	0	5,530	0		19.00
19.00	Electroencephalography	70.00	0	325	0		20.00
20.00	DIABETOLOGY	90.01	0	89	0		21.00
21.00	Emergency	91.00	0	3,599	0		22.00
22.00	COMMUNITY RELATIONS	194.02	0	201	0		23.00
23.00	PHYSICIAN CLINICS	194.04	0	9,115	0		
	TOTALS		0	415,403			
	C - PROPERTY TAXES						1.00
1.00	Administrative & General	5.00	0	477,264	13		
	TOTALS		0	477,264			
	D - PHARMACY COGS						1.00
1.00	Employee Benefits	4.00	0	9,632	0		2.00
2.00	Administrative & General	5.00	0	968	0		3.00
3.00	Operation of Plant	7.00	0	3	0		4.00
4.00	Dietary	10.00	0	894	0		5.00
5.00	Central Services & Supply	14.00	0	143	0		6.00
6.00	Pharmacy	15.00	0	2,062,808	0		7.00
7.00	Adults & Pediatrics	30.00	0	53,301	0		8.00
8.00	Intensive Care Unit	31.00	0	14,041	0		9.00
9.00	SUBPROVIDER - IPF	40.00	0	801	0		10.00
10.00	SUBPROVIDER - IRF	41.00	0	457	0		11.00
11.00	Nursery	43.00	0	1,655	0		12.00
12.00	Operating Room	50.00	0	30,371	0		13.00
13.00	GASTRO INTESTINAL SERVICES	50.01	0	8,577	0		14.00
14.00	Recovery Room	51.00	0	304	0		15.00
15.00	Anesthesiology	53.00	0	13,043	0		16.00
16.00	Radiology - Diagnostic	54.00	0	2,512	0		17.00
17.00	Radioisotope	56.00	0	921	0		18.00
18.00	ULTRA SOUND	56.01	0	1,360	0		19.00
19.00	CT Scan	57.00	0	1,744	0		20.00
20.00	Magnetic Resonance Imaging (MRI)	58.00	0	447	0		21.00
21.00	Cardiac Catheterization	59.00	0	5,046	0		22.00
22.00	Laboratory	60.00	0	1,882	0		23.00
23.00	Blood Storing, Processing, & Trans.	63.00	0	4,230	0		24.00
24.00	Respiratory Therapy	65.00	0	5,685	0		25.00
25.00	Electro cardiology	69.00	0	659	0		26.00
26.00	Emergency	91.00	0	42,846	0		27.00
27.00	COMMUNITY RELATIONS	194.02	0	684	0		28.00
28.00	PHYSICIAN CLINICS	194.04	0	12,724	0		
	TOTALS		0	2,277,738			
	E - LAUNDRY						1.00
1.00	Operation of Plant	7.00	0	986	0		2.00
2.00	Dietary	10.00	0	1,695	0		3.00
3.00	Pharmacy	15.00	0	190	0		4.00
4.00	Adults & Pediatrics	30.00	0	7,428	0		5.00
5.00	Intensive Care Unit	31.00	0	1,016	0		6.00
6.00	SUBPROVIDER - IPF	40.00	0	543	0		7.00
7.00	SUBPROVIDER - IRF	41.00	0	18	0		

Health Financial Systems
RECLASSIFICATIONS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
8.00	Operating Room	50.00	0	11,509	0		8.00
9.00	Radiology - Diagnostic	54.00	0	241	0		9.00
10.00	CT Scan	57.00	0	38	0		10.00
11.00	Cardiac Catheterization	59.00	0	2,211	0		11.00
12.00	Laboratory	60.00	0	2,466	0		12.00
13.00	Electro cardiology	69.00	0	85	0		13.00
14.00	Emergency	91.00	0	780	0		14.00
15.00	PHYSICIAN CLINICS	194.04	0	432	0		15.00
	TOTALS		0	29,638			
	F - MEDICAL SUPPLIES COGS						1.00
1.00	Employee Benefits	4.00	0	185	0		2.00
2.00	Administrative & General	5.00	0	1,870	0		3.00
3.00	Operation of Plant	7.00	0	938	0		4.00
4.00	Laundry & Linen Service	8.00	0	129	0		5.00
5.00	Housekeeping	9.00	0	15,216	0		6.00
6.00	Dietary	10.00	0	2,914	0		7.00
7.00	Nursing Administration	13.00	0	552	0		8.00
8.00	Central Services & Supply	14.00	0	8,255	0		9.00
9.00	Pharmacy	15.00	0	25,054	0		10.00
10.00	Medical Records & Library	16.00	0	923	0		11.00
11.00	Adults & Pediatrics	30.00	0	405,556	0		12.00
12.00	Intensive Care Unit	31.00	0	120,203	0		13.00
13.00	SUBPROVIDER - IPF	40.00	0	9,139	0		14.00
14.00	SUBPROVIDER - IRF	41.00	0	21,326	0		15.00
15.00	Operating Room	50.00	0	1,474,962	0		16.00
16.00	GASTRO INTESTINAL SERVICES	50.01	0	77,151	0		17.00
17.00	Recovery Room	51.00	0	4,818	0		18.00
18.00	Anesthesiology	53.00	0	62,216	0		19.00
19.00	Radiology - Diagnostic	54.00	0	11,172	0		20.00
20.00	Radioisotope	56.00	0	1,772	0		21.00
21.00	ULTRA SOUND	56.01	0	5,205	0		22.00
22.00	CT Scan	57.00	0	15,370	0		23.00
23.00	Magnetic Resonance Imaging (MRI)	58.00	0	1,109	0		24.00
24.00	Cardiac Catheterization	59.00	0	1,147,253	0		25.00
25.00	Laboratory	60.00	0	67,808	0		26.00
26.00	Blood Storing, Processing, & Trans.	63.00	0	211	0		27.00
27.00	Respiratory Therapy	65.00	0	58,494	0		28.00
28.00	Physical Therapy	66.00	0	7,027	0		29.00
29.00	Occupational Therapy	67.00	0	758	0		30.00
30.00	Speech Pathology	68.00	0	147	0		31.00
31.00	Electro cardiology	69.00	0	6,252	0		32.00
32.00	WOUND CARE	90.03	0	916	0		33.00
33.00	Emergency	91.00	0	98,147	0		34.00
34.00	HOSPITALISTS	194.01	0	77	0		35.00
35.00	PHYSICIAN CLINICS	194.04	0	6,176	0		
	TOTALS		0	3,659,301			
	G - IMPLANTABLE DEVICE						1.00
1.00	Pharmacy	15.00	0	1,012	0		2.00
2.00	SUBPROVIDER - IPF	40.00	0	51	0		3.00
3.00	Operating Room	50.00	0	1,411,054	0		4.00
4.00	GASTRO INTESTINAL SERVICES	50.01	0	104	0		5.00
5.00	Cardiac Catheterization	59.00	0	297,352	0		
	TOTALS		0	1,709,573			
	H - NURSERY COSTS						1.00
1.00	Adults & Pediatrics	30.00	1,133,153	404,349	0		
	TOTALS		1,133,153	404,349			
	I - HOSPITAL DEPTS IN POB						1.00
1.00	POB	194.05	0	4,955	0		2.00
2.00		0.00	0	0	0		
	TOTALS		0	4,955			
500.00	Grand Total: Decreases		1,133,153	9,943,596			500.00

Health Financial Systems

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III | Date/Time Prepared: 1/27/2012 10:58 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,187,868	0	0	0	0	1.00
2.00	Land Improvements	4,893,624	0	0	0	0	2.00
3.00	Buildings and Fixtures	66,106,726	0	0	0	0	3.00
4.00	Building Improvements	4,934,983	0	0	0	0	4.00
5.00	Fixed Equipment	4,124,706	0	0	0	0	5.00
6.00	Movable Equipment	64,788,540	692,967	0	692,967	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	149,036,447	692,967	0	692,967	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	149,036,447	692,967	0	692,967	0	10.00

SUMMARY OF CAPITAL

	Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	Cap Rel Costs-Bldg & Fixt	0	0	0	0	0	1.00
2.00	Cap Rel Costs-Mvble Equip	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00

COMPUTATION OF RATIOS

	Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt	75,935,332	0	75,935,332	0.521743	0	1.00
2.00	Cap Rel Costs-Mvble Equip	69,606,213	0	69,606,213	0.478257	0	2.00
3.00	Total (sum of lines 1-2)	145,541,545	0	145,541,545	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III | Date/Time Prepared: 1/27/2012 10:58 am

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	4,187,868	0	1.00
2.00	Land Improvements	4,893,624	0	2.00
3.00	Buildings and Fixtures	66,106,726	0	3.00
4.00	Building Improvements	4,934,983	0	4.00
5.00	Fixed Equipment	4,124,706	0	5.00
6.00	Movable Equipment	65,481,507	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	149,729,414	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	149,729,414	0	10.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	Cap Rel Costs-Bldg & Fixt	0	0	1.00
2.00	Cap Rel Costs-Mvble Equip	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt	0	0	0	1,782,991	7,587	1.00
2.00	Cap Rel Costs-Mvble Equip	0	0	0	2,593,953	407,816	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,376,944	415,403	3.00

Health Financial Systems

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III | Date/Time Prepared: 1/27/2012 10:58 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	Cap Rel Costs-Bldg & Fixt	312,473	4,737	806,726	0	2,914,514	1.00
2.00	Cap Rel Costs-Mvble Equip	67,407	0	0	0	3,069,176	2.00
3.00	Total (sum of lines 1-2)	379,880	4,737	806,726	0	5,983,690	3.00

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
		Basis/Code (2)	Amount	Cost Center	Line #	
		1.00	2.00	3.00	4.00	
1.00	Investment income - buildings and fixtures (chapter 2)		0	Cap Rel Costs-Bldg & Fixt	1.00	1.00
2.00	Investment income - movable equipment (chapter 2)		0	Cap Rel Costs-Mvble Equip	2.00	2.00
3.00	Investment income - other (chapter 2)		0		0.00	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	7.00
8.00	Television and radio service (chapter 21)		0		0.00	8.00
9.00	Parking lot (chapter 21)		0		0.00	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,102,887			10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-3,112,814			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Cafeteria-employees and guests	B	-238,990	Dietary	10.00	14.00
15.00	Rental of quarters to employee and others		0		0.00	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients	B	-8,623	Pharmacy	15.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00	Vending machines	B	-1,527	Dietary	10.00	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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	Utilization Review-SNF	114.00	25.00
26.00	Depreciation - buildings and fixtures	A	1,236,850	Cap Rel Costs-Bldg & Fixt	1.00	26.00
27.00	Depreciation - movable equipment	A	2,174,719	Cap Rel Costs-Mvble Equip	2.00	27.00
28.00	Non-physician Anesthetist		0	Nonphysician Anesthetists	19.00	28.00
29.00	Physicians' assistant		0		0.00	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	Occupational Therapy	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	Speech Pathology	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00	DIRECT PHONE COSTS	A	-182,278	Administrative & General	5.00	33.00
33.01	PBX SALARY	A	-9,136	Administrative & General	5.00	33.01
33.02	PBX BENEFITS	A	-4,930	Employee Benefits	4.00	33.02
33.03	TELEVISION CABLE & SATELITE	A	-3,458	Operation of Plant	7.00	33.03
33.04	LOST BADGES	B	-104	Employee Benefits	4.00	33.04
33.05	GREAT WEST LIFE	B	-4,526	Employee Benefits	4.00	33.05
33.06	ADMIN SVCS	B	-12,567	Administrative & General	5.00	33.06
33.07	RUSH UNIV STUDENTS	B	-695	Administrative & General	5.00	33.07
33.08	A/P ERROR	B	24	Administrative & General	5.00	33.08
33.09	MISCELLANEOUS	B	-25	Administrative & General	5.00	33.09
33.10	MEDICAL LIBRARY REVENUE	B	-3,000	Administrative & General	5.00	33.10
33.11	CHAPEL FUNDS	B	-570	Administrative & General	5.00	33.11
33.12	PENALTY PAYMENTS	B	-142,632	Administrative & General	5.00	33.12
33.13	EMPLOYEE HR FEES	B	-340	Administrative & General	5.00	33.13
33.14	FACILITIES MGMT FEE	B	-6,826	Operation of Plant	7.00	33.14
33.15	PARKING FINES	B	-111	Operation of Plant	7.00	33.15
33.16	STAFFING SERVICES	B	-1,478	Nursing Administration	13.00	33.16
33.17	STUDENT PLACEMENT SVCS	B	-73,157	I&R Services-Salary & Fringes Apprvd	21.00	33.17
33.18	INTERCOMPANY REVENUE	B	-692	Operating Room	50.00	33.18
33.19	TRANSFER TO WATERMARK	B	-17,461	Anesthesiology	53.00	33.19
33.20	COPY OF X-RAYS	B	-2,909	Radiology - Diagnostic	54.00	33.20

Health Financial Systems

ADJUSTMENTS TO EXPENSES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/27/2012 10:58 am

		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	4.00	
33.21	RESIDENCY CLINIC LAB FEES	B	-4,042	Laboratory	60.00	33.21
33.22	MACNEAL PHYSICIAN GROUP	B	-1,268	Laboratory	60.00	33.22
33.23	FITNESS CENTER REVENUE	B	-113,831	Physical Therapy	66.00	33.23
33.24	ADVERTISING	A	-125	Administrative & General	5.00	33.24
33.25	ADVERTISING	A	-3,650	Electro cardiology	69.00	33.25
33.26	OTHER EXPENSE	A	-10,660	Administrative & General	5.00	33.26
33.27	OTHER EXPENSE	A	-6,602	Pharmacy	15.00	33.27
33.28	OTHER EXPENSE	A	-290	Adults & Pediatrics	30.00	33.28
33.29	OTHER EXPENSE	A	-56	Intensive Care Unit	31.00	33.29
33.30	OTHER EXPENSE	A	-771	SUBPROVIDER - IPF	40.00	33.30
33.31	OTHER EXPENSE	A	-151	SUBPROVIDER - IRF	41.00	33.31
33.32	OTHER EXPENSE	A	-9,991	Anesthesiology	53.00	33.32
33.33	OTHER EXPENSE	A	-66	Laboratory	60.00	33.33
33.34	OTHER EXPENSE	A	-202	Emergency	91.00	33.34
33.35	PURCHASED SVCS	A	-7,356	Administrative & General	5.00	33.35
33.36	PURCHASED SVCS	A	-592	Operation of Plant	7.00	33.36
33.37	PURCHASED SVCS	A	-2,753	Dietary	10.00	33.37
33.38	PHYSICIAN RELOCATION	A	-421	Employee Benefits	4.00	33.38
33.39	PHYSICIAN INCENTIVES	A	-101	Administrative & General	5.00	33.39
33.40	PHYSICIAN RELOCATION	A	-61,811	Administrative & General	5.00	33.40
33.41	TRAVEL	A	-7,890	Administrative & General	5.00	33.41
33.42	TRAVEL	A	-1,943	Anesthesiology	53.00	33.42
33.43	TRAVEL	A	-496	Laboratory	60.00	33.43
33.44	TRAVEL	A	-1,763	Emergency	91.00	33.44
33.45	ALCOHOL	A	-167	Administrative & General	5.00	33.45
33.46	MEALS	A	-13,065	Administrative & General	5.00	33.46
33.47	PROPERTY TAXES	A	329,462	Cap Rel Costs-Bldg & Fixt	1.00	33.47
33.48	DONATIONS/CONTRIBUTIONS	A	-1,400	Administrative & General	5.00	33.48
33.49	DUES & SUBSCRIPTION	A	-904	Administrative & General	5.00	33.49
33.50	DUES & SUBSCRIPTION	A	-1,588	Emergency	91.00	33.50
33.51	LOBBYING	A	-26,683	Administrative & General	5.00	33.51
33.52	PATIENT TRANSPORTATION	A	-33,670	Administrative & General	5.00	33.52
33.53	PATIENT TRANSPORTATION	A	-2,309	Operation of Plant	7.00	33.53
33.54	PATIENT TRANSPORTATION	A	-265	Nursing Administration	13.00	33.54
33.55	PATIENT TRANSPORTATION	A	-111	Central Services & Supply	14.00	33.55
33.56	PATIENT TRANSPORTATION	A	-49	Pharmacy	15.00	33.56
33.57	PATIENT TRANSPORTATION	A	-107	SUBPROVIDER - IPF	40.00	33.57
33.58	BAD DEBT EXPENSE	A	-3,166,301	Administrative & General	5.00	33.58
33.59	LEGAL	A	-213	Employee Benefits	4.00	33.59
33.60	LEGAL	A	-21,874	Administrative & General	5.00	33.60
33.61	IDPA TAX ASSESSMENT	A	-4,165,181	Administrative & General	5.00	33.61
33.62	PENALTY PAYMENTS	A	-2,898	Administrative & General	5.00	33.62
33.63	NON-REIMBURSABLES	A	-2,360	Intensive Care Unit	31.00	33.63
33.64			0		0.00	33.64
33.65			0		0.00	33.65
33.66			0		0.00	33.66
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,866,657			50.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/27/2012 10:58 am

		Wkst. A-7 Ref. 5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	0	1.00
2.00	Investment income - movable equipment (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 - buildings and fixtures	9	26.00
27.00	Depreciation - movable equipment	9	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	DIRECT PHONE COSTS	0	33.00
33.01	PBX SALARY	0	33.01
33.02	PBX BENEFITS	0	33.02
33.03	TELEVISION CABLE & SATELITE	0	33.03
33.04	LOST BADGES	0	33.04
33.05	GREAT WEST LIFE	0	33.05
33.06	ADMIN SVCS	0	33.06
33.07	RUSH UNIV STUDENTS	0	33.07
33.08	A/P ERROR	0	33.08
33.09	MISCELLANEOUS	0	33.09
33.10	MEDICAL LIBRARY REVENUE	0	33.10
33.11	CHAPEL FUNDS	0	33.11
33.12	PENALTY PAYMENTS	0	33.12
33.13	EMPLOYEE HR FEES	0	33.13
33.14	FACILITIES MGMT FEE	0	33.14
33.15	PARKING FINES	0	33.15
33.16	STAFFING SERVICES	0	33.16
33.17	STUDENT PLACEMENT SVCS	0	33.17
33.18	INTERCOMPANY REVENUE	0	33.18
33.19	TRANSFER TO WATERMARK	0	33.19
33.20	COPY OF X-RAYS	0	33.20
33.21	RESIDENCY CLINIC LAB FEES	0	33.21
33.22	MACNEAL PHYSICIAN GROUP	0	33.22
33.23	FITNESS CENTER REVENUE	0	33.23
33.24	ADVERTISING	0	33.24
33.25	ADVERTISING	0	33.25
33.26	OTHER EXPENSE	0	33.26
33.27	OTHER EXPENSE	0	33.27

Health Financial Systems

ADJUSTMENTS TO EXPENSES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/27/2012 10:58 am

		Wkst. A-7 Ref. 5.00	
33.28	OTHER EXPENSE	0	33.28
33.29	OTHER EXPENSE	0	33.29
33.30	OTHER EXPENSE	0	33.30
33.31	OTHER EXPENSE	0	33.31
33.32	OTHER EXPENSE	0	33.32
33.33	OTHER EXPENSE	0	33.33
33.34	OTHER EXPENSE	0	33.34
33.35	PURCHASED SVCS	0	33.35
33.36	PURCHASED SVCS	0	33.36
33.37	PURCHASED SVCS	0	33.37
33.38	PHYSICIAN RELOCATION	0	33.38
33.39	PHYSICIAN INCENTIVES	0	33.39
33.40	PHYSICIAN RELOCATION	0	33.40
33.41	TRAVEL	0	33.41
33.42	TRAVEL	0	33.42
33.43	TRAVEL	0	33.43
33.44	TRAVEL	0	33.44
33.45	ALCOHOL	0	33.45
33.46	MEALS	0	33.46
33.47	PROPERTY TAXES	13	33.47
33.48	DONATIONS/CONTRIBUTIONS	0	33.48
33.49	DUES & SUBSCRIPTION	0	33.49
33.50	DUES & SUBSCRIPTION	0	33.50
33.51	LOBBYING	0	33.51
33.52	PATIENT TRANSPORTATION	0	33.52
33.53	PATIENT TRANSPORTATION	0	33.53
33.54	PATIENT TRANSPORTATION	0	33.54
33.55	PATIENT TRANSPORTATION	0	33.55
33.56	PATIENT TRANSPORTATION	0	33.56
33.57	PATIENT TRANSPORTATION	0	33.57
33.58	BAD DEBT EXPENSE	0	33.58
33.59	LEGAL	0	33.59
33.60	LEGAL	0	33.60
33.61	IDPA TAX ASSESSMENT	0	33.61
33.62	PENALTY PAYMENTS	0	33.62
33.63	NON-REIMBURSABLES	0	33.63
33.64		0	33.64
33.65		0	33.65
33.66			33.66
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

Health Financial Systems

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A-8-1 | Date/Time Prepared: 1/27/2012 10:58 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		5.00	Administrative & General	PROPERTY INSURANCE	1.00
2.00		5.00	Administrative & General	MALPRACTICE INSURANCE	2.00
3.00		4.00	Employee Benefits	WORKERS COMP	3.00
4.00		5.00	Administrative & General	INTEREST EXPENSE	4.00
4.01		5.00	Administrative & General	MANAGEMENT FEE	4.01
4.02		1.00	Cap Rel Costs-Bldg & Fixt	DIRECT ALLOC.-INSURANCE	4.02
4.04		5.00	Administrative & General	DIRECT ALLOC.-PROF. LIABILITY	4.04
4.05		4.00	Employee Benefits	DIRECT ALLOC.-WORKERS COMP	4.05
4.06		1.00	Cap Rel Costs-Bldg & Fixt	DIRECT ALLOC.-INTEREST EXP.	4.06
4.07		2.00	Cap Rel Costs-Mvble Equip	DIRECT ALLOC.-INTEREST EXP.	4.07
4.08		5.00	Administrative & General	FUNCTIONAL ALLOCATION	4.08
4.09		5.00	Administrative & General	POOLED ALLOC.-MGMT FEES	4.09
4.10		60.00	Laboratory	GENESIS LAB	4.10
4.11		0.00			4.11
4.12		0.00			4.12
4.13		0.00			4.13
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A-8-1 | Date/Time Prepared: 1/27/2012 10:58 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		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		0	26,058	-26,058	0		1.00
2.00		0	1,633,112	-1,633,112	0		2.00
3.00		0	376,086	-376,086	0		3.00
4.00		0	842,306	-842,306	0		4.00
4.01		0	1,759,780	-1,759,780	0		4.01
4.02		4,737	0	4,737	12		4.02
4.04		150,564	0	150,564	0		4.04
4.05		190,373	0	190,373	0		4.05
4.06		312,473	0	312,473	11		4.06
4.07		67,407	0	67,407	11		4.07
4.08		100,307	0	100,307	0		4.08
4.09		1,104,324	0	1,104,324	0		4.09
4.10		301,253	706,910	-405,657	0		4.10
4.11		0	0	0	0		4.11
4.12		0	0	0	0		4.12
4.13		0	0	0	0		4.13
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	2,231,438	5,344,252	-3,112,814			5.00

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

		Related Organization(s) and/or Home Office			
		Name	Percentage of Ownership	Type of Business	
		4.00	5.00	6.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				
6.00		VANGUARD HLTH S	100.00		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

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.

(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: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/27/2012 10:58 am

		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		4.00	Employee Benefits	139	139	1.00
2.00		5.00	Administrative & General	43,068	0	2.00
3.00		7.00	Operation of Plant	205	205	3.00
4.00		30.00	Adults & Pediatrics	439,296	439,296	4.00
5.00		31.00	Intensive Care Unit	24,917	0	5.00
6.00		41.00	SUBPROVIDER - IRF	22,834	0	6.00
7.00		50.00	Operating Room	11,740	0	7.00
8.00		53.00	Anesthesiology	1,390,273	1,390,273	8.00
9.00		54.00	Radiology - Diagnostic	28,170	28,170	9.00
10.00		59.00	Cardiac Catheterization	668,087	668,087	10.00
11.00		60.00	Laboratory	228	228	11.00
12.00		65.00	Respiratory Therapy	9,917	6,167	12.00
13.00		69.00	Electro cardiology	43,536	0	13.00
14.00		70.00	Electroencephalography	10,640	10,640	14.00
15.00		91.00	Emergency	1,498,287	1,498,287	15.00
200.00			TOTAL (lines 1.00 through 199.00)	4,191,337	4,041,492	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/27/2012 10:58 am

		Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
		5.00	6.00	7.00	8.00	9.00	
1.00		0	0	0	0	0	1.00
2.00		43,068	177,200	210	17,890	895	2.00
3.00		0	0	0	0	0	3.00
4.00		0	0	0	0	0	4.00
5.00		24,917	177,200	125	10,649	532	5.00
6.00		22,834	177,200	377	32,117	1,606	6.00
7.00		11,740	208,000	53	5,300	265	7.00
8.00		0	0	0	0	0	8.00
9.00		0	0	0	0	0	9.00
10.00		0	0	0	0	0	10.00
11.00		0	0	0	0	0	11.00
12.00		3,750	177,200	13	1,108	55	12.00
13.00		43,536	177,200	360	30,669	1,533	13.00
14.00		0	0	0	0	0	14.00
15.00		0	0	0	0	0	15.00
200.00		149,845		1,138	97,733	4,886	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/27/2012 10:58 am

		Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
		12.00	13.00	14.00	15.00	16.00	
1.00		0	0	0	0	0	1.00
2.00		0	0	0	0	17,890	2.00
3.00		0	0	0	0	0	3.00
4.00		0	0	0	0	0	4.00
5.00		0	0	0	0	10,649	5.00
6.00		0	0	0	0	32,117	6.00
7.00		0	0	0	0	5,300	7.00
8.00		0	0	0	0	0	8.00
9.00		0	0	0	0	0	9.00
10.00		0	0	0	0	0	10.00
11.00		0	0	0	0	0	11.00
12.00		0	0	0	0	1,108	12.00
13.00		0	0	0	0	30,669	13.00
14.00		0	0	0	0	0	14.00
15.00		0	0	0	0	0	15.00
200.00		0	0	0	0	97,733	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/27/2012 10:58 am

		RCE Disallowance	Adjustment		
		17.00	18.00		
1.00		0	139		1.00
2.00		25,178	25,178		2.00
3.00		0	205		3.00
4.00		0	439,296		4.00
5.00		14,268	14,268		5.00
6.00		0	0		6.00
7.00		6,440	6,440		7.00
8.00		0	1,390,273		8.00
9.00		0	28,170		9.00
10.00		0	668,087		10.00
11.00		0	228		11.00
12.00		2,642	8,809		12.00
13.00		12,867	12,867		13.00
14.00		0	10,640		14.00
15.00		0	1,498,287		15.00
200.00		61,395	4,102,887		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		Employee Benefits	Subtotal	
			Bldg & Fixt	Mvble Equip			
		0	1.00	2.00	4.00	4A	
	GENERAL SERVICE COST CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt	2,914,514	2,914,514				1.00
2.00	Cap Rel Costs-Mvble Equip	3,069,176		3,069,176			2.00
4.00	Employee Benefits	4,636,825	0	0	4,636,825		4.00
5.00	Administrative & General	11,224,162	191,309	201,461	629,551	12,246,483	5.00
6.00	Maintenance & Repairs	0	0	0	0	0	6.00
7.00	Operation of Plant	4,410,730	396,414	417,450	0	5,224,594	7.00
8.00	Laundry & Linen Service	476,959	15,678	16,510	123,930	633,077	8.00
9.00	Housekeeping	1,219,306	25,418	26,767	4,149	1,275,640	9.00
10.00	Dietary	1,950,804	100,072	105,382	118,182	2,274,440	10.00
11.00	Cafeteria	0	0	0	178,917	178,917	11.00
12.00	Maintenance of Personnel	0	0	0	0	0	12.00
13.00	Nursing Administration	663,627	14,143	14,894	69,892	762,556	13.00
14.00	Central Services & Supply	228,785	19,351	20,378	21,452	289,966	14.00
15.00	Pharmacy	1,759,623	18,849	19,849	177,347	1,975,668	15.00
16.00	Medical Records & Library	1,219,733	29,931	31,519	90,814	1,371,997	16.00
17.00	Social Service	0	0	0	0	0	17.00
18.00	Other General Service (specify)	0	0	0	0	0	18.00
19.00	Nonphysician Anesthetists	0	0	0	0	0	19.00
20.00	Nursing School	0	0	0	0	0	20.00
21.00	I&R Services-Salary & Fringes Apprvd	782,228	0	0	105,520	887,748	21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	2,213,775	0	0	0	2,213,775	22.00
23.00	Paramed. Ed. Prgm.-(specify)	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	8,006,995	375,702	395,639	875,751	9,654,087	30.00
31.00	Intensive Care Unit	2,129,880	63,380	66,743	193,275	2,453,278	31.00
32.00	Coronary Care Unit	0	0	0	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	2,201,098	122,858	129,378	244,630	2,697,964	40.00
41.00	SUBPROVIDER - IRF	977,907	116,975	123,182	100,808	1,318,872	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	Nursery	1,604,893	0	0	147,526	1,752,419	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	3,276,037	117,038	123,249	297,807	3,814,131	50.00
50.01	GASTRO INTESTINAL SERVICES	248,104	17,177	18,088	27,549	310,918	50.01
51.00	Recovery Room	385,269	12,608	13,277	43,256	454,410	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	36,312	3,636	3,829	4,384	48,161	53.00
54.00	Radiology - Diagnostic	1,127,348	95,284	100,341	120,288	1,443,261	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	360,093	7,081	7,457	16,446	391,077	56.00
56.01	ULTRA SOUND	507,947	5,391	5,677	57,312	576,327	56.01
57.00	CT Scan	173,475	7,583	7,986	16,920	205,964	57.00
58.00	Magnetic Resonance Imaging (MRI)	167,710	6,916	7,283	18,602	200,511	58.00
59.00	Cardiac Catheterization	954,529	31,877	33,569	68,510	1,088,485	59.00
60.00	Laboratory	2,912,962	60,812	64,040	219,713	3,257,527	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0				0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	603,508	2,531	2,665	11,632	620,336	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	755,176	5,427	5,715	83,096	849,414	65.00
66.00	Physical Therapy	919,573	53,412	56,246	110,349	1,139,580	66.00
67.00	Occupational Therapy	466,516	0	0	45,235	511,751	67.00
68.00	Speech Pathology	180,318	4,276	4,503	20,118	209,215	68.00
69.00	Electro cardiology	300,676	18,830	19,830	29,912	369,248	69.00
70.00	Electroencephalography	33,363	0	0	3,605	36,968	70.00
71.00	Medical Supplies Charged to Patients	3,659,301	0	0	0	3,659,301	71.00
72.00	Implantable Devices Chrgd to Patient	1,709,573	0	0	0	1,709,573	72.00
73.00	Drugs Charged to Patients	2,277,738	0	0	0	2,277,738	73.00
74.00	RENAL DIALYSIS	344,119	0	0	0	344,119	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS Bldg & Fixt	CAPITAL RELATED COSTS Mvble Equip	Employee Benefits	Subtotal	
		0	1.00	2.00	4.00	4A	
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	49,598	0	0	5,594	55,192	90.01
90.02	CANCER CENTER	3,768	0	0	259	4,027	90.02
90.03	WOUND CARE	77,783	100,931	106,287	8,842	293,843	90.03
91.00	Emergency	2,105,418	0	0	208,886	2,314,304	91.00
92.00	Observation Beds (Non-Distinct Part)					0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	75,327,234	2,040,890	2,149,194	4,500,059	73,396,862	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	20,587	1,690	1,780	0	24,057	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
193.00	Nonpaid Workers	0	0	0	0	0	193.00
194.00	MARKETING	831,911	5,363	5,648	34,191	877,113	194.00
194.01	HOSPITALISTS	186,814	0	0	22,164	208,978	194.01
194.02	COMMUNITY RELATIONS	215,990	4,596	4,840	20,185	245,611	194.02
194.03	SENIOR CENTER	28,205	0	0	158	28,363	194.03
194.04	PHYSICIAN CLINICS	632,676	11,475	12,084	36,863	693,098	194.04
194.05	POB	189,214	850,500	895,630	11,043	1,946,387	194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	108,553	0	0	12,162	120,715	194.06
194.07	GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
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)	77,541,184	2,914,514	3,069,176	4,636,825	77,541,184	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Administrative & General	Maintenance & Repairs	Operation of Plant	Laundry & Linen Service	Housekeeping	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt						1.00
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.00	Administrative & General	12,246,483					5.00
6.00	Maintenance & Repairs	0	0				6.00
7.00	Operation of Plant	979,909	0	6,204,503			7.00
8.00	Laundry & Linen Service	118,738	0	41,807	793,622		8.00
9.00	Housekeeping	239,255	0	67,778	8,992	1,591,665	9.00
10.00	Dietary	426,587	0	266,847	0	69,686	10.00
11.00	Cafeteria	33,557	0	0	0	0	11.00
12.00	Maintenance of Personnel	0	0	0	0	0	12.00
13.00	Nursing Administration	143,023	0	37,714	0	9,849	13.00
14.00	Central Services & Supply	54,385	0	51,601	0	13,475	14.00
15.00	Pharmacy	370,550	0	50,261	0	13,125	15.00
16.00	Medical Records & Library	257,328	0	79,813	0	20,843	16.00
17.00	Social Service	0	0	0	0	0	17.00
18.00	Other General Service (specify)	0	0	0	0	0	18.00
19.00	Nonphysician Anesthetists	0	0	0	0	0	19.00
20.00	Nursing School	0	0	0	0	0	20.00
21.00	I&R Services-Salary & Fringes Apprvd	166,503	0	0	169	0	21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	415,209	0	0	0	0	22.00
23.00	Paramed. Ed. Prgm.-(specify)	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	1,810,697	0	1,001,827	383,870	261,623	30.00
31.00	Intensive Care Unit	460,129	0	169,006	45,712	44,135	31.00
32.00	Coronary Care Unit	0	0	0	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	506,022	0	327,608	53,155	85,554	40.00
41.00	SUBPROVIDER - IRF	247,364	0	311,918	39,120	81,456	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	Nursery	328,678	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	715,367	0	312,089	65,168	81,501	50.00
50.01	GASTRO INTESTINAL SERVICES	58,315	0	45,802	0	11,961	50.01
51.00	Recovery Room	85,228	0	33,621	24,458	8,780	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	9,033	0	9,696	0	2,532	53.00
54.00	Radiology - Diagnostic	270,694	0	254,081	53,430	66,352	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	73,349	0	18,881	0	4,931	56.00
56.01	ULTRA SOUND	108,094	0	14,374	0	3,754	56.01
57.00	CT Scan	38,630	0	20,221	0	5,281	57.00
58.00	Magnetic Resonance Imaging (MRI)	37,607	0	18,443	0	4,816	58.00
59.00	Cardiac Catheterization	204,153	0	85,002	0	22,198	59.00
60.00	Laboratory	610,972	0	162,160	137	42,347	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	116,348	0	6,749	0	1,762	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	159,314	0	14,472	7,036	3,779	65.00
66.00	Physical Therapy	213,736	0	142,426	36,987	37,194	66.00
67.00	Occupational Therapy	95,982	0	0	928	0	67.00
68.00	Speech Pathology	39,240	0	11,402	0	2,978	68.00
69.00	Electro cardiology	69,255	0	50,212	0	13,113	69.00
70.00	Electroencephalography	6,934	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	686,328	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	320,642	0	0	0	0	72.00
73.00	Drugs Charged to Patients	427,206	0	0	0	0	73.00
74.00	RENAL DIALYSIS	64,542	0	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	10,352	0	0	0	0	90.01
90.02	CANCER CENTER	755	0	0	0	0	90.02
90.03	WOUND CARE	55,112	0	269,137	0	70,284	90.03
91.00	Emergency	434,064	0	0	71,927	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Administrative & General	Maintenance & Repairs	Operation of Plant	Laundry & Linen Service	Housekeeping	
		5.00	6.00	7.00	8.00	9.00	
92.00	Observation Beds (Non-Distinct Part)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	11,469,186	0	3,874,948	791,089	983,309	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	4,512	0	4,507	0	1,177	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
193.00	Nonpaid Workers	0	0	0	0	0	193.00
194.00	MARKETING	164,509	0	14,301	0	3,735	194.00
194.01	HOSPITALISTS	39,195	0	0	0	0	194.01
194.02	COMMUNITY RELATIONS	46,066	0	12,255	0	3,200	194.02
194.03	SENIOR CENTER	5,320	0	0	0	0	194.03
194.04	PHYSICIAN CLINICS	129,995	0	30,600	2,533	7,991	194.04
194.05	POB	365,059	0	2,267,892	0	592,253	194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	22,641	0	0	0	0	194.06
194.07	GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
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)	12,246,483	0	6,204,503	793,622	1,591,665	202.00

	Cost Center Description	Dietary	Cafeteria	Maintenance of Personnel	Nursing Administration	Central Services & Supply	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						1.00
1.00	Cap Rel Costs-Bldg & Fixt						2.00
2.00	Cap Rel Costs-Mvble Equip						4.00
4.00	Employee Benefits						5.00
5.00	Administrative & General						6.00
6.00	Maintenance & Repairs						7.00
7.00	Operation of Plant						8.00
8.00	Laundry & Linen Service						9.00
9.00	Housekeeping						10.00
10.00	Dietary	3,037,560					11.00
11.00	Cafeteria	661,476	873,950				12.00
12.00	Maintenance of Personnel	0	0	0			13.00
13.00	Nursing Administration	0	12,903	0	966,045		14.00
14.00	Central Services & Supply	0	10,451	0	0	419,878	15.00
15.00	Pharmacy	0	36,144	0	0	0	16.00
16.00	Medical Records & Library	0	35,541	0	0	0	17.00
17.00	Social Service	0	0	0	0	0	18.00
18.00	Other General Service (specify)	0	0	0	0	0	19.00
19.00	Nonphysician Anesthetists	0	0	0	0	0	20.00
20.00	Nursing School	0	0	0	0	0	21.00
21.00	I&R Services-Salary & Fringes Apprvd	0	15,714	0	0	0	22.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	23.00
23.00	Paramed. Ed. Prgm.-(specify)	0	0	0	0	0	
	INPATIENT ROUTINE SERVICE COST CENTERS						30.00
30.00	Adults & Pediatrics	791,047	221,962	0	407,896	0	31.00
31.00	Intensive Care Unit	101,648	43,143	0	79,285	0	32.00
32.00	Coronary Care Unit	0	0	0	0	0	33.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	34.00
34.00	Surgical Intensive Care Unit	0	0	0	0	0	40.00
40.00	SUBPROVIDER - IPF	417,984	63,969	0	117,558	0	41.00
41.00	SUBPROVIDER - IRF	110,354	26,825	0	49,297	0	42.00
42.00	SUBPROVIDER	0	0	0	0	0	43.00
43.00	Nursery	0	32,466	0	59,663	0	44.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	45.00
45.00	NURSING FACILITY	0	0	0	0	0	46.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	
	ANCILLARY SERVICE COST CENTERS						50.00
50.00	Operating Room	0	53,103	0	97,589	0	50.01
50.01	GASTRO INTESTINAL SERVICES	0	5,584	0	10,262	0	51.00
51.00	Recovery Room	0	8,017	0	14,734	0	52.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	53.00
53.00	Anesthesiology	0	2,000	0	3,675	0	54.00
54.00	Radiology - Diagnostic	0	35,314	0	0	0	55.00
55.00	Radiology - Therapeutic	0	0	0	0	0	56.00
56.00	Radioisotope	0	3,282	0	0	0	56.01
56.01	ULTRA SOUND	0	11,432	0	0	0	57.00
57.00	CT Scan	0	3,811	0	0	0	58.00
58.00	Magnetic Resonance Imaging (MRI)	0	3,754	0	0	0	59.00
59.00	Cardiac Catheterization	0	15,148	0	27,838	0	60.00
60.00	Laboratory	0	70,534	0	0	0	60.01
60.01	Blood Laboratory	0	0	0	0	0	61.00
61.00	PBP Clinical Lab. Service-Prgm. Only						62.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	63.00
63.00	Blood Storing, Processing, & Trans.	0	3,131	0	0	0	64.00
64.00	Intravenous Therapy	0	0	0	0	0	65.00
65.00	Respiratory Therapy	0	22,750	0	0	0	66.00
66.00	Physical Therapy	0	28,070	0	0	0	67.00
67.00	Occupational Therapy	0	14,054	0	0	0	68.00
68.00	Speech Pathology	0	4,527	0	0	0	69.00
69.00	Electro cardiology	0	10,074	0	0	0	70.00
70.00	Electroencephalography	0	415	0	0	0	71.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	419,878	72.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	73.00
73.00	Drugs Charged to Patients	0	0	0	0	0	74.00
74.00	RENAL DIALYSIS	0	0	0	0	0	75.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	
	OUTPATIENT SERVICE COST CENTERS						88.00
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	89.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	90.00
90.00	Clinic	0	0	0	0	0	90.01
90.01	DIABETOLOGY	0	1,226	0	2,253	0	90.02
90.02	CANCER CENTER	0	75	0	0	0	90.03
90.03	WOUND CARE	0	1,943	0	3,571	0	

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Dietary	Cafeteria	Maintenance of Personnel	Nursing Administration	Central Services & Supply	
		10.00	11.00	12.00	13.00	14.00	
91.00	Emergency	0	50,292	0	92,424	0	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	2,082,509	847,654	0	966,045	419,878	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	0	19	0	0	0	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	470,788	0	0	0	0	192.00
193.00	Nonpaid Workers	0	0	0	0	0	193.00
194.00	MARKETING	0	6,206	0	0	0	194.00
194.01	HOSPITALISTS	0	3,792	0	0	0	194.01
194.02	COMMUNITY RELATIONS	0	7,225	0	0	0	194.02
194.03	SENIOR CENTER	0	75	0	0	0	194.03
194.04	PHYSICIAN CLINICS	0	8,979	0	0	0	194.04
194.05	POB	0	0	0	0	0	194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0	194.06
194.07	GUEST TRAYS & CATERING MEALS	484,263	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,037,560	873,950	0	966,045	419,878	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Pharmacy	Medical Records & Library	Social Service	OTHER GENERAL SERVICE (specify)	Nonphysician Anesthetists	
		15.00	16.00	17.00	18.00	19.00	
	GENERAL SERVICE COST CENTERS						1.00
1.00	Cap Rel Costs-Bldg & Fixt						2.00
2.00	Cap Rel Costs-Mvble Equip						4.00
4.00	Employee Benefits						5.00
5.00	Administrative & General						6.00
6.00	Maintenance & Repairs						7.00
7.00	Operation of Plant						8.00
8.00	Laundry & Linen Service						9.00
9.00	Housekeeping						10.00
10.00	Dietary						11.00
11.00	Cafeteria						12.00
12.00	Maintenance of Personnel						13.00
13.00	Nursing Administration						14.00
14.00	Central Services & Supply						15.00
15.00	Pharmacy	2,445,748					16.00
16.00	Medical Records & Library	0	1,765,522				17.00
17.00	Social Service	0	0	0			18.00
18.00	Other General Service (specify)	0	0	0	0		19.00
19.00	Nonphysician Anesthetists	0	0	0	0	0	20.00
20.00	Nursing School	0	0	0	0	0	21.00
21.00	I&R Services-Salary & Fringes Apprvd	0	0	0	0	0	22.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	23.00
23.00	Paramed. Ed. Prgm.-(specify)	0	0	0	0	0	
	INPATIENT ROUTINE SERVICE COST CENTERS						30.00
30.00	Adults & Pediatrics	0	268,746	0	0	0	31.00
31.00	Intensive Care Unit	0	41,849	0	0	0	32.00
32.00	Coronary Care Unit	0	0	0	0	0	33.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	34.00
34.00	Surgical Intensive Care Unit	0	0	0	0	0	40.00
40.00	SUBPROVIDER - IPF	0	93,932	0	0	0	41.00
41.00	SUBPROVIDER - IRF	0	26,038	0	0	0	42.00
42.00	SUBPROVIDER	0	0	0	0	0	43.00
43.00	Nursery	0	30,271	0	0	0	44.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	45.00
45.00	NURSING FACILITY	0	0	0	0	0	46.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	
	ANCILLARY SERVICE COST CENTERS						50.00
50.00	Operating Room	0	118,395	0	0	0	50.01
50.01	GASTRO INTESTINAL SERVICES	0	17,026	0	0	0	51.00
51.00	Recovery Room	0	16,589	0	0	0	52.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	53.00
53.00	Anesthesiology	0	24,186	0	0	0	54.00
54.00	Radiology - Diagnostic	0	42,082	0	0	0	55.00
55.00	Radiology - Therapeutic	0	0	0	0	0	56.00
56.00	Radioisotope	0	14,246	0	0	0	56.01
56.01	ULTRA SOUND	0	40,686	0	0	0	57.00
57.00	CT Scan	0	74,453	0	0	0	58.00
58.00	Magnetic Resonance Imaging (MRI)	0	20,790	0	0	0	59.00
59.00	Cardiac Catheterization	0	99,249	0	0	0	60.00
60.00	Laboratory	0	203,781	0	0	0	60.01
60.01	Blood Laboratory	0	0	0	0	0	61.00
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	0	0	0	62.00
62.00	Whole Blood & Packed Red Blood Cells	0	17,748	0	0	0	63.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	64.00
64.00	Intravenous Therapy	0	30,381	0	0	0	65.00
65.00	Respiratory Therapy	0	22,769	0	0	0	66.00
66.00	Physical Therapy	0	16,532	0	0	0	67.00
67.00	Occupational Therapy	0	4,767	0	0	0	68.00
68.00	Speech Pathology	0	30,112	0	0	0	69.00
69.00	Electro cardiology	0	838	0	0	0	70.00
70.00	Electroencephalography	0	39,754	0	0	0	71.00
71.00	Medical Supplies Charged to Patients	0	49,849	0	0	0	72.00
72.00	Implantable Devices Chrgd to Patient	2,445,748	277,148	0	0	0	73.00
73.00	Drugs Charged to Patients	0	11,659	0	0	0	74.00
74.00	RENAL DIALYSIS	0	0	0	0	0	75.00
75.00	ASC (Non-Distinct Part)						
	OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	88.00
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	89.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	90.00
90.00	Clinic	0	262	0	0	0	90.01
90.01	DIABETOLOGY						

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part I | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Pharmacy	Medical Records & Library	Social Service	OTHER GENERAL SERVICE (specify)	Nonphysician Anesthetists	
		15.00	16.00	17.00	18.00	19.00	
90.02	CANCER CENTER	0	655	0	0	0	90.02
90.03	WOUND CARE	0	216	0	0	0	90.03
91.00	Emergency	0	130,513	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	2,445,748	1,765,522	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
193.00	Nonpaid Workers	0	0	0	0	0	193.00
194.00	MARKETING	0	0	0	0	0	194.00
194.01	HOSPITALISTS	0	0	0	0	0	194.01
194.02	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	SENIOR CENTER	0	0	0	0	0	194.03
194.04	PHYSICIAN CLINICS	0	0	0	0	0	194.04
194.05	POB	0	0	0	0	0	194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0	194.06
194.07	GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
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)	2,445,748	1,765,522	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Nursing School	INTERNS & RESIDENTS Services-Salary & Fringes	INTERNS & RESIDENTS Services-Other Prgrm Costs	Paramed. Ed. Prgm.	Subtotal	
		20.00	21.00	22.00	23.00	24.00	
	GENERAL SERVICE COST CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt						1.00
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.00	Administrative & General						5.00
6.00	Maintenance & Repairs						6.00
7.00	Operation of Plant						7.00
8.00	Laundry & Linen Service						8.00
9.00	Housekeeping						9.00
10.00	Dietary						10.00
11.00	Cafeteria						11.00
12.00	Maintenance of Personnel						12.00
13.00	Nursing Administration						13.00
14.00	Central Services & Supply						14.00
15.00	Pharmacy						15.00
16.00	Medical Records & Library						16.00
17.00	Social Service						17.00
18.00	Other General Service (specify)						18.00
19.00	Nonphysician Anesthetists						19.00
20.00	Nursing School	0					20.00
21.00	I&R Services-Salary & Fringes Apprvd	0	1,070,134				21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	0	2,628,984			22.00
23.00	Paramed. Ed. Prgm.-(specify)	0	0	0	0		23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	0	1,070,134	2,628,984	0	18,500,873	30.00
31.00	Intensive Care Unit	0	0	0	0	3,438,185	31.00
32.00	Coronary Care Unit	0	0	0	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	4,363,746	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	2,211,244	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	Nursery	0	0	0	0	2,203,497	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	0	0	0	5,257,343	50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	0	0	459,868	50.01
51.00	Recovery Room	0	0	0	0	645,837	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	0	0	0	0	99,283	53.00
54.00	Radiology - Diagnostic	0	0	0	0	2,165,214	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	0	0	0	0	505,766	56.00
56.01	ULTRA SOUND	0	0	0	0	754,667	56.01
57.00	CT Scan	0	0	0	0	348,360	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	285,921	58.00
59.00	Cardiac Catheterization	0	0	0	0	1,542,073	59.00
60.00	Laboratory	0	0	0	0	4,347,458	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only					0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	766,074	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	0	0	0	0	1,087,146	65.00
66.00	Physical Therapy	0	0	0	0	1,620,762	66.00
67.00	Occupational Therapy	0	0	0	0	639,247	67.00
68.00	Speech Pathology	0	0	0	0	272,129	68.00
69.00	Electro cardiology	0	0	0	0	542,014	69.00
70.00	Electroencephalography	0	0	0	0	45,155	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	4,805,261	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	2,080,064	72.00
73.00	Drugs Charged to Patients	0	0	0	0	5,427,840	73.00
74.00	RENAL DIALYSIS	0	0	0	0	420,320	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	0	0	0	0	69,285	90.01
90.02	CANCER CENTER	0	0	0	0	5,512	90.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Nursing School	INTERNS & RESIDENTS Services-Salary & Fringes	INTERNS & RESIDENTS Services-Other Prgrm Costs	Paramed. Ed. Prgm.	Subtotal	
		20.00	21.00	22.00	23.00	24.00	
90.03	WOUND CARE	0	0	0	0	694,106	90.03
91.00	Emergency	0	0	0	0	3,093,524	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	0	1,070,134	2,628,984	0	68,697,774	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	34,272	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	0	0	0	0	470,788	192.00
193.00	Nonpaid Workers	0	0	0	0	0	193.00
194.00	MARKETING	0	0	0	0	1,065,864	194.00
194.01	HOSPITALISTS	0	0	0	0	251,965	194.01
194.02	COMMUNITY RELATIONS	0	0	0	0	314,357	194.02
194.03	SENIOR CENTER	0	0	0	0	33,758	194.03
194.04	PHYSICIAN CLINICS	0	0	0	0	873,196	194.04
194.05	POB	0	0	0	0	5,171,591	194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	143,356	194.06
194.07	GUEST TRAYS & CATERING MEALS	0	0	0	0	484,263	194.07
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,070,134	2,628,984	0	77,541,184	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
	GENERAL SERVICE COST CENTERS				1.00
1.00	Cap Rel Costs-Bldg & Fixt				2.00
2.00	Cap Rel Costs-Mvble Equip				4.00
4.00	Employee Benefits				5.00
5.00	Administrative & General				6.00
6.00	Maintenance & Repairs				7.00
7.00	Operation of Plant				8.00
8.00	Laundry & Linen Service				9.00
9.00	Housekeeping				10.00
10.00	Dietary				11.00
11.00	Cafeteria				12.00
12.00	Maintenance of Personnel				13.00
13.00	Nursing Administration				14.00
14.00	Central Services & Supply				15.00
15.00	Pharmacy				16.00
16.00	Medical Records & Library				17.00
17.00	Social Service				18.00
18.00	Other General Service (specify)				19.00
19.00	Nonphysician Anesthetists				20.00
20.00	Nursing School				21.00
21.00	I&R Services-Salary & Fringes Apprvd				22.00
22.00	I&R Services-Other Prgrm Costs Apprvd				23.00
23.00	Paramed. Ed. Prgm.-(specify)				
	INPATIENT ROUTINE SERVICE COST CENTERS				30.00
30.00	Adults & Pediatrics	-3,699,118	14,801,755		31.00
31.00	Intensive Care Unit	0	3,438,185		32.00
32.00	Coronary Care Unit	0	0		33.00
33.00	Burn Intensive Care Unit	0	0		34.00
34.00	Surgical Intensive Care Unit	0	0		40.00
40.00	SUBPROVIDER - IPF	0	4,363,746		41.00
41.00	SUBPROVIDER - IRF	0	2,211,244		42.00
42.00	SUBPROVIDER	0	0		43.00
43.00	Nursery	0	2,203,497		44.00
44.00	SKILLED NURSING FACILITY	0	0		45.00
45.00	NURSING FACILITY	0	0		46.00
46.00	OTHER LONG TERM CARE	0	0		
	ANCILLARY SERVICE COST CENTERS				50.00
50.00	Operating Room	0	5,257,343		50.01
50.01	GASTRO INTESTINAL SERVICES	0	459,868		51.00
51.00	Recovery Room	0	645,837		52.00
52.00	Labor Room & Delivery Room	0	0		53.00
53.00	Anesthesiology	0	99,283		54.00
54.00	Radiology - Diagnostic	0	2,165,214		55.00
55.00	Radiology - Therapeutic	0	0		56.00
56.00	Radioisotope	0	505,766		56.01
56.01	ULTRA SOUND	0	754,667		57.00
57.00	CT Scan	0	348,360		58.00
58.00	Magnetic Resonance Imaging (MRI)	0	285,921		59.00
59.00	Cardiac Catheterization	0	1,542,073		60.00
60.00	Laboratory	0	4,347,458		60.01
60.01	Blood Laboratory	0	0		61.00
61.00	PBP Clinical Lab. Service-Prgm. Only		0		62.00
62.00	Whole Blood & Packed Red Blood Cells	0	0		63.00
63.00	Blood Storing, Processing, & Trans.	0	766,074		64.00
64.00	Intravenous Therapy	0	0		65.00
65.00	Respiratory Therapy	0	1,087,146		66.00
66.00	Physical Therapy	0	1,620,762		67.00
67.00	Occupational Therapy	0	639,247		68.00
68.00	Speech Pathology	0	272,129		69.00
69.00	Electro cardiology	0	542,014		70.00
70.00	Electroencephalography	0	45,155		71.00
71.00	Medical Supplies Charged to Patients	0	4,805,261		72.00
72.00	Implantable Devices Chrgd to Patient	0	2,080,064		73.00
73.00	Drugs Charged to Patients	0	5,427,840		74.00
74.00	RENAL DIALYSIS	0	420,320		75.00
75.00	ASC (Non-Distinct Part)	0	0		
	OUTPATIENT SERVICE COST CENTERS				88.00
88.00	RURAL HEALTH CLINIC	0	0		89.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		90.00
90.00	Clinic	0	0		90.01
90.01	DIABETOLOGY	0	69,285		

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part I | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
90.02	CANCER CENTER	0	5,512		90.02
90.03	WOUND CARE	0	694,106		90.03
91.00	Emergency	0	3,093,524		91.00
92.00	Observation Beds (Non-Distinct Part)	0			92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	Home Program Dialysis	0	0		94.00
95.00	Ambulance Services	0	0		95.00
96.00	Durable Medical Equip. - Rented	0	0		96.00
97.00	Durable Medical Equip. - Sold	0	0		97.00
98.00	Other Reimbursable (specify)	0	0		98.00
99.00	CMHC	0	0		99.00
99.10	CORF	0	0		99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0		101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	Kidney Acquisition	0	0		105.00
106.00	Heart Acquisition	0	0		106.00
107.00	Liver Acquisition	0	0		107.00
108.00	Lung Acquisition	0	0		108.00
109.00	Pancreas Acquisition	0	0		109.00
110.00	Intestinal Acquisition	0	0		110.00
111.00	Islet Acquisition	0	0		111.00
113.00	Interest Expense	0	0		113.00
114.00	Utilization Review-SNF	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	HOSPICE	0	0		116.00
118.00	SUBTOTALS (sum of lines 1-117)	-3,699,118	64,998,656		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	Gift, Flower, Coffee Shop, & Canteen	0	34,272		190.00
191.00	Research	0	0		191.00
192.00	Physicians' Private Offices	0	470,788		192.00
193.00	Nonpaid Workers	0	0		193.00
194.00	MARKETING	0	1,065,864		194.00
194.01	HOSPITALISTS	0	251,965		194.01
194.02	COMMUNITY RELATIONS	0	314,357		194.02
194.03	SENIOR CENTER	0	33,758		194.03
194.04	PHYSICIAN CLINICS	0	873,196		194.04
194.05	POB	0	5,171,591		194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	143,356		194.06
194.07	GUEST TRAYS & CATERING MEALS	0	484,263		194.07
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)	-3,699,118	73,842,066		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part II | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS Bldg & Fixt	CAPITAL RELATED COSTS Mvble Equip	Subtotal	Employee Benefits	
		0	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS						1.00
1.00	Cap Rel Costs-Bldg & Fixt						2.00
2.00	Cap Rel Costs-Mvble Equip	0	0	0	0	0	4.00
4.00	Employee Benefits	0	191,309	201,461	392,770	0	5.00
5.00	Administrative & General	0	0	0	0	0	6.00
6.00	Maintenance & Repairs	0	396,414	417,450	813,864	0	7.00
7.00	Operation of Plant	0	15,678	16,510	32,188	0	8.00
8.00	Laundry & Linen Service	0	25,418	26,767	52,185	0	9.00
9.00	Housekeeping	0	100,072	105,382	205,454	0	10.00
10.00	Dietary	0	0	0	0	0	11.00
11.00	Cafeteria	0	0	0	0	0	12.00
12.00	Maintenance of Personnel	0	14,143	14,894	29,037	0	13.00
13.00	Nursing Administration	0	19,351	20,378	39,729	0	14.00
14.00	Central Services & Supply	0	18,849	19,849	38,698	0	15.00
15.00	Pharmacy	0	29,931	31,519	61,450	0	16.00
16.00	Medical Records & Library	0	0	0	0	0	17.00
17.00	Social Service	0	0	0	0	0	18.00
18.00	Other General Service (specify)	0	0	0	0	0	19.00
19.00	Nonphysician Anesthetists	0	0	0	0	0	20.00
20.00	Nursing School	0	0	0	0	0	21.00
21.00	I&R Services-Salary & Fringes Apprvd	0	0	0	0	0	22.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	23.00
23.00	Paramed. Ed. Prgm.-(specify)						
	INPATIENT ROUTINE SERVICE COST CENTERS	0	375,702	395,639	771,341	0	30.00
30.00	Adults & Pediatrics	0	63,380	66,743	130,123	0	31.00
31.00	Intensive Care Unit	0	0	0	0	0	32.00
32.00	Coronary Care Unit	0	0	0	0	0	33.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	34.00
34.00	Surgical Intensive Care Unit	0	122,858	129,378	252,236	0	40.00
40.00	SUBPROVIDER - IPF	0	116,975	123,182	240,157	0	41.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	42.00
42.00	SUBPROVIDER	0	0	0	0	0	43.00
43.00	Nursery	0	0	0	0	0	44.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	45.00
45.00	NURSING FACILITY	0	0	0	0	0	46.00
46.00	OTHER LONG TERM CARE						
	ANCILLARY SERVICE COST CENTERS	0	117,038	123,249	240,287	0	50.00
50.00	Operating Room	0	17,177	18,088	35,265	0	50.01
50.01	GASTRO INTESTINAL SERVICES	0	12,608	13,277	25,885	0	51.00
51.00	Recovery Room	0	0	0	0	0	52.00
52.00	Labor Room & Delivery Room	0	3,636	3,829	7,465	0	53.00
53.00	Anesthesiology	0	95,284	100,341	195,625	0	54.00
54.00	Radiology - Diagnostic	0	0	0	0	0	55.00
55.00	Radiology - Therapeutic	0	7,081	7,457	14,538	0	56.00
56.00	Radioisotope	0	5,391	5,677	11,068	0	56.01
56.01	ULTRA SOUND	0	7,583	7,986	15,569	0	57.00
57.00	CT Scan	0	6,916	7,283	14,199	0	58.00
58.00	Magnetic Resonance Imaging (MRI)	0	31,877	33,569	65,446	0	59.00
59.00	Cardiac Catheterization	0	60,812	64,040	124,852	0	60.00
60.00	Laboratory	0	0	0	0	0	60.01
60.01	Blood Laboratory				0		61.00
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	0	0	0	62.00
62.00	Whole Blood & Packed Red Blood Cells	0	2,531	2,665	5,196	0	63.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	64.00
64.00	Intravenous Therapy	0	5,427	5,715	11,142	0	65.00
65.00	Respiratory Therapy	0	53,412	56,246	109,658	0	66.00
66.00	Physical Therapy	0	0	0	0	0	67.00
67.00	Occupational Therapy	0	4,276	4,503	8,779	0	68.00
68.00	Speech Pathology	0	18,830	19,830	38,660	0	69.00
69.00	Electro cardiology	0	0	0	0	0	70.00
70.00	Electroencephalography	0	0	0	0	0	71.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	72.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	73.00
73.00	Drugs Charged to Patients	0	0	0	0	0	74.00
74.00	RENAL DIALYSIS	0	0	0	0	0	75.00
75.00	ASC (Non-Distinct Part)						
	OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	88.00
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	89.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	90.00
90.00	Clinic						

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS Bldg & Fixt	Mvble Equip	Subtotal	Employee Benefits	
		0	1.00	2.00	2A	4.00	
90.01	DIABETOLOGY	0	0	0	0	0	90.01
90.02	CANCER CENTER	0	0	0	0	0	90.02
90.03	WOUND CARE	0	100,931	106,287	207,218	0	90.03
91.00	Emergency	0	0	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)				0		92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	0	2,040,890	2,149,194	4,190,084	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	0	1,690	1,780	3,470	0	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
193.00	Nonpaid Workers	0	0	0	0	0	193.00
194.00	MARKETING	0	5,363	5,648	11,011	0	194.00
194.01	HOSPITALISTS	0	0	0	0	0	194.01
194.02	COMMUNITY RELATIONS	0	4,596	4,840	9,436	0	194.02
194.03	SENIOR CENTER	0	0	0	0	0	194.03
194.04	PHYSICIAN CLINICS	0	11,475	12,084	23,559	0	194.04
194.05	POB	0	850,500	895,630	1,746,130	0	194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0	194.06
194.07	GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
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)	0	2,914,514	3,069,176	5,983,690	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part II | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Administrative & General	Maintenance & Repairs	Operation of Plant	Laundry & Linen Service	Housekeeping	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt						1.00
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.00	Administrative & General	392,770					5.00
6.00	Maintenance & Repairs	0	0				6.00
7.00	Operation of Plant	31,426	0	845,290			7.00
8.00	Laundry & Linen Service	3,808	0	5,696	41,692		8.00
9.00	Housekeeping	7,673	0	9,234	472	69,564	9.00
10.00	Dietary	13,681	0	36,355	0	3,046	10.00
11.00	Cafeteria	1,076	0	0	0	0	11.00
12.00	Maintenance of Personnel	0	0	0	0	0	12.00
13.00	Nursing Administration	4,587	0	5,138	0	430	13.00
14.00	Central Services & Supply	1,744	0	7,030	0	589	14.00
15.00	Pharmacy	11,884	0	6,847	0	574	15.00
16.00	Medical Records & Library	8,253	0	10,874	0	911	16.00
17.00	Social Service	0	0	0	0	0	17.00
18.00	Other General Service (specify)	0	0	0	0	0	18.00
19.00	Nonphysician Anesthetists	0	0	0	0	0	19.00
20.00	Nursing School	0	0	0	0	0	20.00
21.00	I&R Services-Salary & Fringes Apprvd	5,340	0	0	9	0	21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	13,316	0	0	0	0	22.00
23.00	Paramed. Ed. Prgm.-(specify)	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	58,091	0	136,487	20,166	11,434	30.00
31.00	Intensive Care Unit	14,756	0	23,025	2,401	1,929	31.00
32.00	Coronary Care Unit	0	0	0	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	16,228	0	44,633	2,792	3,739	40.00
41.00	SUBPROVIDER - IRF	7,933	0	42,495	2,055	3,560	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	Nursery	10,541	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	22,942	0	42,518	3,424	3,562	50.00
50.01	GASTRO INTESTINAL SERVICES	1,870	0	6,240	0	523	50.01
51.00	Recovery Room	2,733	0	4,580	1,285	384	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	290	0	1,321	0	111	53.00
54.00	Radiology - Diagnostic	8,681	0	34,615	2,807	2,900	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	2,352	0	2,572	0	216	56.00
56.01	ULTRA SOUND	3,467	0	1,958	0	164	56.01
57.00	CT Scan	1,239	0	2,755	0	231	57.00
58.00	Magnetic Resonance Imaging (MRI)	1,206	0	2,513	0	210	58.00
59.00	Cardiac Catheterization	6,547	0	11,581	0	970	59.00
60.00	Laboratory	19,594	0	22,092	7	1,851	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	3,731	0	919	0	77	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	5,109	0	1,972	370	165	65.00
66.00	Physical Therapy	6,855	0	19,404	1,943	1,626	66.00
67.00	Occupational Therapy	3,078	0	0	49	0	67.00
68.00	Speech Pathology	1,258	0	1,553	0	130	68.00
69.00	Electro cardiology	2,221	0	6,841	0	573	69.00
70.00	Electroencephalography	222	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	22,011	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	10,283	0	0	0	0	72.00
73.00	Drugs Charged to Patients	13,701	0	0	0	0	73.00
74.00	RENAL DIALYSIS	2,070	0	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	332	0	0	0	0	90.01
90.02	CANCER CENTER	24	0	0	0	0	90.02
90.03	WOUND CARE	1,767	0	36,667	0	3,072	90.03
91.00	Emergency	13,921	0	0	3,779	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part II | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Administrative & General	Maintenance & Repairs	Operation of Plant	Laundry & Linen Service	Housekeeping	
		5.00	6.00	7.00	8.00	9.00	
92.00	Observation Beds (Non-Distinct Part)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	367,841	0	527,915	41,559	42,977	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	145	0	614	0	51	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
193.00	Nonpaid Workers	0	0	0	0	0	193.00
194.00	MARKETING	5,276	0	1,948	0	163	194.00
194.01	HOSPITALISTS	1,257	0	0	0	0	194.01
194.02	COMMUNITY RELATIONS	1,477	0	1,670	0	140	194.02
194.03	SENIOR CENTER	171	0	0	0	0	194.03
194.04	PHYSICIAN CLINICS	4,169	0	4,169	133	349	194.04
194.05	POB	11,708	0	308,974	0	25,884	194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	726	0	0	0	0	194.06
194.07	GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
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)	392,770	0	845,290	41,692	69,564	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part II | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Dietary	Cafeteria	Maintenance of Personnel	Nursing Administration	Central Services & Supply	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						1.00
1.00	Cap Rel Costs-Bldg & Fixt						2.00
2.00	Cap Rel Costs-Mvble Equip						4.00
4.00	Employee Benefits						5.00
5.00	Administrative & General						6.00
6.00	Maintenance & Repairs						7.00
7.00	Operation of Plant						8.00
8.00	Laundry & Linen Service						9.00
9.00	Housekeeping						10.00
10.00	Dietary	258,536					11.00
11.00	Cafeteria	56,300	57,376				12.00
12.00	Maintenance of Personnel	0	0	0			13.00
13.00	Nursing Administration	0	847	0	40,039		14.00
14.00	Central Services & Supply	0	686	0	0	49,778	15.00
15.00	Pharmacy	0	2,373	0	0	0	16.00
16.00	Medical Records & Library	0	2,333	0	0	0	17.00
17.00	Social Service	0	0	0	0	0	18.00
18.00	Other General Service (specify)	0	0	0	0	0	19.00
19.00	Nonphysician Anesthetists	0	0	0	0	0	20.00
20.00	Nursing School	0	0	0	0	0	21.00
21.00	I&R Services-Salary & Fringes Apprvd	0	1,032	0	0	0	22.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	23.00
23.00	Paramed. Ed. Prgm.-(specify)	0	0	0	0	0	
	INPATIENT ROUTINE SERVICE COST CENTERS						30.00
30.00	Adults & Pediatrics	67,328	14,573	0	16,906	0	31.00
31.00	Intensive Care Unit	8,652	2,832	0	3,286	0	32.00
32.00	Coronary Care Unit	0	0	0	0	0	33.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	34.00
34.00	Surgical Intensive Care Unit	0	0	0	0	0	40.00
40.00	SUBPROVIDER - IPF	35,576	4,200	0	4,872	0	41.00
41.00	SUBPROVIDER - IRF	9,393	1,761	0	2,043	0	42.00
42.00	SUBPROVIDER	0	0	0	0	0	43.00
43.00	Nursery	0	2,131	0	2,473	0	44.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	45.00
45.00	NURSING FACILITY	0	0	0	0	0	46.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	
	ANCILLARY SERVICE COST CENTERS						50.00
50.00	Operating Room	0	3,486	0	4,045	0	50.01
50.01	GASTRO INTESTINAL SERVICES	0	367	0	425	0	51.00
51.00	Recovery Room	0	526	0	611	0	52.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	53.00
53.00	Anesthesiology	0	131	0	152	0	54.00
54.00	Radiology - Diagnostic	0	2,318	0	0	0	55.00
55.00	Radiology - Therapeutic	0	0	0	0	0	56.00
56.00	Radioisotope	0	215	0	0	0	56.01
56.01	ULTRA SOUND	0	751	0	0	0	57.00
57.00	CT Scan	0	250	0	0	0	58.00
58.00	Magnetic Resonance Imaging (MRI)	0	246	0	0	0	59.00
59.00	Cardiac Catheterization	0	994	0	1,154	0	60.00
60.00	Laboratory	0	4,631	0	0	0	60.01
60.01	Blood Laboratory	0	0	0	0	0	61.00
61.00	PBP Clinical Lab. Service-Prgm. Only						62.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	63.00
63.00	Blood Storing, Processing, & Trans.	0	206	0	0	0	64.00
64.00	Intravenous Therapy	0	0	0	0	0	65.00
65.00	Respiratory Therapy	0	1,494	0	0	0	66.00
66.00	Physical Therapy	0	1,843	0	0	0	67.00
67.00	Occupational Therapy	0	923	0	0	0	68.00
68.00	Speech Pathology	0	297	0	0	0	69.00
69.00	Electro cardiology	0	661	0	0	0	70.00
70.00	Electroencephalography	0	27	0	0	0	71.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	49,778	72.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	73.00
73.00	Drugs Charged to Patients	0	0	0	0	0	74.00
74.00	RENAL DIALYSIS	0	0	0	0	0	75.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	
	OUTPATIENT SERVICE COST CENTERS						88.00
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	89.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	90.00
90.00	Clinic	0	0	0	0	0	90.01
90.01	DIABETOLOGY	0	81	0	93	0	90.02
90.02	CANCER CENTER	0	5	0	0	0	90.03
90.03	WOUND CARE	0	128	0	148	0	

Health Financial Systems

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part II | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Dietary	Cafeteria	Maintenance of Personnel	Nursing Administration	Central Services & Supply	
		10.00	11.00	12.00	13.00	14.00	
91.00	Emergency	0	3,302	0	3,831	0	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
	OTHER REIMBURSABLE COST CENTERS						94.00
94.00	Home Program Dialysis	0	0	0	0	0	95.00
95.00	Ambulance Services	0	0	0	0	0	96.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	97.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	98.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	99.00
99.00	CMHC	0	0	0	0	0	99.10
99.10	CORF	0	0	0	0	0	100.00
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	101.00
101.00	HOME HEALTH AGENCY						
	SPECIAL PURPOSE COST CENTERS						105.00
105.00	Kidney Acquisition	0	0	0	0	0	106.00
106.00	Heart Acquisition	0	0	0	0	0	107.00
107.00	Liver Acquisition	0	0	0	0	0	108.00
108.00	Lung Acquisition	0	0	0	0	0	109.00
109.00	Pancreas Acquisition	0	0	0	0	0	110.00
110.00	Intestinal Acquisition	0	0	0	0	0	111.00
111.00	Islet Acquisition	0	0	0	0	0	113.00
113.00	Interest Expense	0	0	0	0	0	114.00
114.00	Utilization Review-SNF	0	0	0	0	0	115.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	116.00
116.00	HOSPICE	0	0	0	0	0	118.00
118.00	SUBTOTALS (sum of lines 1-117)	177,249	55,650	0	40,039	49,778	
	NONREIMBURSABLE COST CENTERS						190.00
190.00	Gift, Flower, Coffee Shop, & Canteen	0	1	0	0	0	191.00
191.00	Research	0	0	0	0	0	192.00
192.00	Physicians' Private Offices	40,070	0	0	0	0	193.00
193.00	Nonpaid Workers	0	407	0	0	0	194.00
194.00	MARKETING	0	249	0	0	0	194.01
194.01	HOSPITALISTS	0	474	0	0	0	194.02
194.02	COMMUNITY RELATIONS	0	5	0	0	0	194.03
194.03	SENIOR CENTER	0	590	0	0	0	194.04
194.04	PHYSICIAN CLINICS	0	0	0	0	0	194.05
194.05	POB	0	0	0	0	0	194.06
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0	194.07
194.07	GUEST TRAYS & CATERING MEALS	41,217					200.00
200.00	Cross Foot Adjustments					0	201.00
201.00	Negative Cost Centers	0	0	0	0	49,778	202.00
202.00	TOTAL (sum lines 118-201)	258,536	57,376	0	40,039		

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part II | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Pharmacy	Medical Records & Library	Social Service	OTHER GENERAL SERVICE (specify)	Nonphysician Anesthetists	
		15.00	16.00	17.00	18.00	19.00	
	GENERAL SERVICE COST CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt						1.00
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.00	Administrative & General						5.00
6.00	Maintenance & Repairs						6.00
7.00	Operation of Plant						7.00
8.00	Laundry & Linen Service						8.00
9.00	Housekeeping						9.00
10.00	Dietary						10.00
11.00	Cafeteria						11.00
12.00	Maintenance of Personnel						12.00
13.00	Nursing Administration						13.00
14.00	Central Services & Supply						14.00
15.00	Pharmacy	60,376					15.00
16.00	Medical Records & Library	0	83,821				16.00
17.00	Social Service	0	0	0			17.00
18.00	Other General Service (specify)	0	0	0	0		18.00
19.00	Nonphysician Anesthetists	0	0	0	0	0	19.00
20.00	Nursing School	0	0	0	0		20.00
21.00	I&R Services-Salary & Fringes Apprvd	0	0	0	0		21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0		22.00
23.00	Paramed. Ed. Prgm.-(specify)	0	0	0	0		23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	0	12,778	0	0		30.00
31.00	Intensive Care Unit	0	1,990	0	0		31.00
32.00	Coronary Care Unit	0	0	0	0		32.00
33.00	Burn Intensive Care Unit	0	0	0	0		33.00
34.00	Surgical Intensive Care Unit	0	0	0	0		34.00
40.00	SUBPROVIDER - IPF	0	4,466	0	0		40.00
41.00	SUBPROVIDER - IRF	0	1,238	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0		42.00
43.00	Nursery	0	1,439	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	NURSING FACILITY	0	0	0	0		45.00
46.00	OTHER LONG TERM CARE	0	0	0	0		46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	5,629	0	0		50.00
50.01	GASTRO INTESTINAL SERVICES	0	809	0	0		50.01
51.00	Recovery Room	0	789	0	0		51.00
52.00	Labor Room & Delivery Room	0	0	0	0		52.00
53.00	Anesthesiology	0	1,150	0	0		53.00
54.00	Radiology - Diagnostic	0	2,001	0	0		54.00
55.00	Radiology - Therapeutic	0	0	0	0		55.00
56.00	Radioisotope	0	677	0	0		56.00
56.01	ULTRA SOUND	0	1,934	0	0		56.01
57.00	CT Scan	0	3,540	0	0		57.00
58.00	Magnetic Resonance Imaging (MRI)	0	988	0	0		58.00
59.00	Cardiac Catheterization	0	4,719	0	0		59.00
60.00	Laboratory	0	9,689	0	0		60.00
60.01	Blood Laboratory	0	0	0	0		60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0		62.00
63.00	Blood Storing, Processing, & Trans.	0	844	0	0		63.00
64.00	Intravenous Therapy	0	0	0	0		64.00
65.00	Respiratory Therapy	0	1,444	0	0		65.00
66.00	Physical Therapy	0	1,083	0	0		66.00
67.00	Occupational Therapy	0	786	0	0		67.00
68.00	Speech Pathology	0	227	0	0		68.00
69.00	Electro cardiology	0	1,432	0	0		69.00
70.00	Electroencephalography	0	40	0	0		70.00
71.00	Medical Supplies Charged to Patients	0	1,890	0	0		71.00
72.00	Implantable Devices Chrgd to Patient	0	2,370	0	0		72.00
73.00	Drugs Charged to Patients	60,376	13,057	0	0		73.00
74.00	RENAL DIALYSIS	0	554	0	0		74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	Clinic	0	0	0	0		90.00
90.01	DIABETOLOGY	0	12	0	0		90.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Pharmacy	Medical Records & Library	Social Service	OTHER GENERAL SERVICE (specify)	Nonphysician Anesthetists	
		15.00	16.00	17.00	18.00	19.00	
90.02	CANCER CENTER	0	31	0	0		90.02
90.03	WOUND CARE	0	10	0	0		90.03
91.00	Emergency	0	6,205	0	0		91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0		94.00
95.00	Ambulance Services	0	0	0	0		95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0		96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0		97.00
98.00	Other Reimbursable (specify)	0	0	0	0		98.00
99.00	CMHC	0	0	0	0		99.00
99.10	CORF	0	0	0	0		99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0	0		105.00
106.00	Heart Acquisition	0	0	0	0		106.00
107.00	Liver Acquisition	0	0	0	0		107.00
108.00	Lung Acquisition	0	0	0	0		108.00
109.00	Pancreas Acquisition	0	0	0	0		109.00
110.00	Intestinal Acquisition	0	0	0	0		110.00
111.00	Islet Acquisition	0	0	0	0		111.00
113.00	Interest Expense	0	0	0	0		113.00
114.00	Utilization Review-SNF	0	0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	HOSPICE	0	0	0	0		116.00
118.00	SUBTOTALS (sum of lines 1-117)	60,376	83,821	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0		190.00
191.00	Research	0	0	0	0		191.00
192.00	Physicians' Private Offices	0	0	0	0		192.00
193.00	Nonpaid Workers	0	0	0	0		193.00
194.00	MARKETING	0	0	0	0		194.00
194.01	HOSPITALISTS	0	0	0	0		194.01
194.02	COMMUNITY RELATIONS	0	0	0	0		194.02
194.03	SENIOR CENTER	0	0	0	0		194.03
194.04	PHYSICIAN CLINICS	0	0	0	0		194.04
194.05	POB	0	0	0	0		194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0		194.06
194.07	GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
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)	60,376	83,821	0	0	0	202.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Nursing School	INTERNS & RESIDENTS Services-Salary & Fringes	INTERNS & RESIDENTS Services-Other Prgrm Costs	Paramed. Ed. Prgm.	Subtotal	
		20.00	21.00	22.00	23.00	24.00	
	GENERAL SERVICE COST CENTERS						1.00
1.00	Cap Rel Costs-Bldg & Fixt						2.00
2.00	Cap Rel Costs-Mvble Equip						4.00
4.00	Employee Benefits						5.00
5.00	Administrative & General						6.00
6.00	Maintenance & Repairs						7.00
7.00	Operation of Plant						8.00
8.00	Laundry & Linen Service						9.00
9.00	Housekeeping						10.00
10.00	Dietary						11.00
11.00	Cafeteria						12.00
12.00	Maintenance of Personnel						13.00
13.00	Nursing Administration						14.00
14.00	Central Services & Supply						15.00
15.00	Pharmacy						16.00
16.00	Medical Records & Library						17.00
17.00	Social Service						18.00
18.00	Other General Service (specify)						19.00
19.00	Nonphysician Anesthetists						20.00
20.00	Nursing School	0					21.00
21.00	I&R Services-Salary & Fringes Apprvd		6,381				22.00
22.00	I&R Services-Other Prgrm Costs Apprvd			13,316			23.00
23.00	Paramed. Ed. Prgm.-(specify)				0		
	INPATIENT ROUTINE SERVICE COST CENTERS					1,109,104	30.00
30.00	Adults & Pediatrics					188,994	31.00
31.00	Intensive Care Unit					0	32.00
32.00	Coronary Care Unit					0	33.00
33.00	Burn Intensive Care Unit					0	34.00
34.00	Surgical Intensive Care Unit					368,742	40.00
40.00	SUBPROVIDER - IPF					310,635	41.00
41.00	SUBPROVIDER - IRF					0	42.00
42.00	SUBPROVIDER					16,584	43.00
43.00	Nursery					0	44.00
44.00	SKILLED NURSING FACILITY					0	45.00
45.00	NURSING FACILITY					0	46.00
46.00	OTHER LONG TERM CARE						
	ANCILLARY SERVICE COST CENTERS					325,893	50.00
50.00	Operating Room					45,499	50.01
50.01	GASTRO INTESTINAL SERVICES					36,793	51.00
51.00	Recovery Room					0	52.00
52.00	Labor Room & Delivery Room					10,620	53.00
53.00	Anesthesiology					248,947	54.00
54.00	Radiology - Diagnostic					0	55.00
55.00	Radiology - Therapeutic					20,570	56.00
56.00	Radioisotope					19,342	56.01
56.01	ULTRA SOUND					23,584	57.00
57.00	CT Scan					19,362	58.00
58.00	Magnetic Resonance Imaging (MRI)					91,411	59.00
59.00	Cardiac Catheterization					182,716	60.00
60.00	Laboratory					0	60.01
60.01	Blood Laboratory						61.00
61.00	PBP Clinical Lab. Service-Prgm. Only					0	62.00
62.00	Whole Blood & Packed Red Blood Cells					10,973	63.00
63.00	Blood Storing, Processing, & Trans.					0	64.00
64.00	Intravenous Therapy					21,696	65.00
65.00	Respiratory Therapy					142,412	66.00
66.00	Physical Therapy					4,836	67.00
67.00	Occupational Therapy					12,244	68.00
68.00	Speech Pathology					50,388	69.00
69.00	Electro cardiology					289	70.00
70.00	Electroencephalography					73,679	71.00
71.00	Medical Supplies Charged to Patients					12,653	72.00
72.00	Implantable Devices Chrgd to Patient					87,134	73.00
73.00	Drugs Charged to Patients					2,624	74.00
74.00	RENAL DIALYSIS					0	75.00
75.00	ASC (Non-Distinct Part)						
	OUTPATIENT SERVICE COST CENTERS					0	88.00
88.00	RURAL HEALTH CLINIC					0	89.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER					0	90.00
90.00	Clinic					518	90.01
90.01	DIABETOLOGY					60	90.02
90.02	CANCER CENTER						

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Nursing School	INTERNS & RESIDENTS Services-Salary & Fringes	INTERNS & RESIDENTS Services-Other Prgrm Costs	Paramed. Ed. Prgm.	Subtotal	
		20.00	21.00	22.00	23.00	24.00	
90.03	WOUND CARE					249,010	90.03
91.00	Emergency					31,038	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis					0	94.00
95.00	Ambulance Services					0	95.00
96.00	Durable Medical Equip. - Rented					0	96.00
97.00	Durable Medical Equip. - Sold					0	97.00
98.00	Other Reimbursable (specify)					0	98.00
99.00	CMHC					0	99.00
99.10	CORF					0	99.10
100.00	I&R Services - Not Apprvd. Prgm.					0	100.00
101.00	HOME HEALTH AGENCY					0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition					0	105.00
106.00	Heart Acquisition					0	106.00
107.00	Liver Acquisition					0	107.00
108.00	Lung Acquisition					0	108.00
109.00	Pancreas Acquisition					0	109.00
110.00	Intestinal Acquisition					0	110.00
111.00	Islet Acquisition					0	111.00
113.00	Interest Expense					0	113.00
114.00	Utilization Review-SNF					0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00	HOSPICE					0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	0	0	0	0	3,718,350	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen					4,281	190.00
191.00	Research					0	191.00
192.00	Physicians' Private Offices					40,070	192.00
193.00	Nonpaid Workers					0	193.00
194.00	MARKETING					18,805	194.00
194.01	HOSPITALISTS					1,506	194.01
194.02	COMMUNITY RELATIONS					13,197	194.02
194.03	SENIOR CENTER					176	194.03
194.04	PHYSICIAN CLINICS					32,969	194.04
194.05	POB					2,092,696	194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR					726	194.06
194.07	GUEST TRAYS & CATERING MEALS					41,217	194.07
200.00	Cross Foot Adjustments	0	6,381	13,316	0	19,697	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	6,381	13,316	0	5,983,690	202.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
	GENERAL SERVICE COST CENTERS				1.00
1.00	Cap Rel Costs-Bldg & Fixt				2.00
2.00	Cap Rel Costs-Mvble Equip				4.00
4.00	Employee Benefits				5.00
5.00	Administrative & General				6.00
6.00	Maintenance & Repairs				7.00
7.00	Operation of Plant				8.00
8.00	Laundry & Linen Service				9.00
9.00	Housekeeping				10.00
10.00	Dietary				11.00
11.00	Cafeteria				12.00
12.00	Maintenance of Personnel				13.00
13.00	Nursing Administration				14.00
14.00	Central Services & Supply				15.00
15.00	Pharmacy				16.00
16.00	Medical Records & Library				17.00
17.00	Social Service				18.00
18.00	Other General Service (specify)				19.00
19.00	Nonphysician Anesthetists				20.00
20.00	Nursing School				21.00
21.00	I&R Services-Salary & Fringes Apprvd				22.00
22.00	I&R Services-Other Prgrm Costs Apprvd				23.00
23.00	Paramed. Ed. Prgm.-(specify)				
	INPATIENT ROUTINE SERVICE COST CENTERS				30.00
30.00	Adults & Pediatrics	0	1,109,104		31.00
31.00	Intensive Care Unit	0	188,994		32.00
32.00	Coronary Care Unit	0	0		33.00
33.00	Burn Intensive Care Unit	0	0		34.00
34.00	Surgical Intensive Care Unit	0	0		40.00
40.00	SUBPROVIDER - IPF	0	368,742		41.00
41.00	SUBPROVIDER - IRF	0	310,635		42.00
42.00	SUBPROVIDER	0	0		43.00
43.00	Nursery	0	16,584		44.00
44.00	SKILLED NURSING FACILITY	0	0		45.00
45.00	NURSING FACILITY	0	0		46.00
46.00	OTHER LONG TERM CARE				
	ANCILLARY SERVICE COST CENTERS				50.00
50.00	Operating Room	0	325,893		50.01
50.01	GASTRO INTESTINAL SERVICES	0	45,499		51.00
51.00	Recovery Room	0	36,793		52.00
52.00	Labor Room & Delivery Room	0	0		53.00
53.00	Anesthesiology	0	10,620		54.00
54.00	Radiology - Diagnostic	0	248,947		55.00
55.00	Radiology - Therapeutic	0	0		56.00
56.00	Radioisotope	0	20,570		56.01
56.01	ULTRA SOUND	0	19,342		57.00
57.00	CT Scan	0	23,584		58.00
58.00	Magnetic Resonance Imaging (MRI)	0	19,362		59.00
59.00	Cardiac Catheterization	0	91,411		60.00
60.00	Laboratory	0	182,716		60.01
60.01	Blood Laboratory		0		61.00
61.00	PBP Clinical Lab. Service-Prgm. Only	0			62.00
62.00	Whole Blood & Packed Red Blood Cells	0	0		63.00
63.00	Blood Storing, Processing, & Trans.	0	10,973		64.00
64.00	Intravenous Therapy	0	0		65.00
65.00	Respiratory Therapy	0	21,696		66.00
66.00	Physical Therapy	0	142,412		67.00
67.00	Occupational Therapy	0	4,836		68.00
68.00	Speech Pathology	0	12,244		69.00
69.00	Electro cardiology	0	50,388		70.00
70.00	Electroencephalography	0	289		71.00
71.00	Medical Supplies Charged to Patients	0	73,679		72.00
72.00	Implantable Devices Chrgd to Patient	0	12,653		73.00
73.00	Drugs Charged to Patients	0	87,134		74.00
74.00	RENAL DIALYSIS	0	2,624		75.00
75.00	ASC (Non-Distinct Part)		0		
	OUTPATIENT SERVICE COST CENTERS				88.00
88.00	RURAL HEALTH CLINIC	0	0		89.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		90.00
90.00	Clinic	0	0		90.01
90.01	DIABETOLOGY	0	518		

Health Financial Systems

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.02	CANCER CENTER	0	60	90.02
90.03	WOUND CARE	0	249,010	90.03
91.00	Emergency	0	31,038	91.00
92.00	Observation Beds (Non-Distinct Part)	0		92.00
	OTHER REIMBURSABLE COST CENTERS			94.00
94.00	Home Program Dialysis	0	0	95.00
95.00	Ambulance Services	0	0	96.00
96.00	Durable Medical Equip. - Rented	0	0	97.00
97.00	Durable Medical Equip. - Sold	0	0	98.00
98.00	Other Reimbursable (specify)	0	0	99.00
99.00	CMHC	0	0	99.10
99.10	CORF	0	0	100.00
100.00	I&R Services - Not Apprvd. Prgm.	0	0	101.00
101.00	HOME HEALTH AGENCY			
	SPECIAL PURPOSE COST CENTERS			105.00
105.00	Kidney Acquisition	0	0	106.00
106.00	Heart Acquisition	0	0	107.00
107.00	Liver Acquisition	0	0	108.00
108.00	Lung Acquisition	0	0	109.00
109.00	Pancreas Acquisition	0	0	110.00
110.00	Intestinal Acquisition	0	0	111.00
111.00	Islet Acquisition	0	0	113.00
113.00	Interest Expense	0	0	114.00
114.00	Utilization Review-SNF	0	0	115.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	116.00
116.00	HOSPICE	0	0	118.00
118.00	SUBTOTALS (sum of lines 1-117)	0	3,718,350	
	NONREIMBURSABLE COST CENTERS			190.00
190.00	Gift, Flower, Coffee Shop, & Canteen	0	4,281	191.00
191.00	Research	0	0	192.00
192.00	Physicians' Private Offices	0	40,070	193.00
193.00	Nonpaid Workers	0	0	194.00
194.00	MARKETING	0	18,805	194.01
194.01	HOSPITALISTS	0	1,506	194.02
194.02	COMMUNITY RELATIONS	0	13,197	194.03
194.03	SENIOR CENTER	0	176	194.04
194.04	PHYSICIAN CLINICS	0	32,969	194.05
194.05	POB	0	2,092,696	194.06
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	726	194.07
194.07	GUEST TRAYS & CATERING MEALS	0	41,217	200.00
200.00	Cross Foot Adjustments	0	19,697	201.00
201.00	Negative Cost Centers	0	0	202.00
202.00	TOTAL (sum lines 118-201)	0	5,983,690	

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	CAPITAL RELATED COSTS Bldg & Fixt (Square Feet)	CAPITAL RELATED COSTS Mvble Equip (Square Feet)	Employee Benefits (Gross Salaries)	Reconciliation	Administrative & General (Accum. Cost)	
		1.00	2.00	4.00	5A	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt	318,997					1.00
2.00	Cap Rel Costs-Mvble Equip		318,997				2.00
4.00	Employee Benefits	0	0	37,587,774			4.00
5.00	Administrative & General	20,939	20,939	5,103,362	-12,246,483	65,294,701	5.00
6.00	Maintenance & Repairs	0	0	0	0	0	6.00
7.00	Operation of Plant	43,388	43,388	0	0	5,224,594	7.00
8.00	Laundry & Linen Service	1,716	1,716	1,004,621	0	633,077	8.00
9.00	Housekeeping	2,782	2,782	33,630	0	1,275,640	9.00
10.00	Dietary	10,953	10,953	958,026	0	2,274,440	10.00
11.00	Cafeteria	0	0	1,450,364	0	178,917	11.00
12.00	Maintenance of Personnel	0	0	0	0	0	12.00
13.00	Nursing Administration	1,548	1,548	566,569	0	762,556	13.00
14.00	Central Services & Supply	2,118	2,118	173,895	0	289,966	14.00
15.00	Pharmacy	2,063	2,063	1,437,635	0	1,975,668	15.00
16.00	Medical Records & Library	3,276	3,276	736,172	0	1,371,997	16.00
17.00	Social Service	0	0	0	0	0	17.00
18.00	Other General Service (specify)	0	0	0	0	0	18.00
19.00	Nonphysician Anesthetists	0	0	0	0	0	19.00
20.00	Nursing School	0	0	0	0	0	20.00
21.00	I&R Services-Salary & Fringes Apprvd	0	0	855,385	0	887,748	21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	2,213,775	22.00
23.00	Paramed. Ed. Prgm.-(specify)	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	41,121	41,121	7,099,172	0	9,654,087	30.00
31.00	Intensive Care Unit	6,937	6,937	1,566,756	0	2,453,278	31.00
32.00	Coronary Care Unit	0	0	0	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	13,447	13,447	1,983,060	0	2,697,964	40.00
41.00	SUBPROVIDER - IRF	12,803	12,803	817,186	0	1,318,872	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	Nursery	0	0	1,195,902	0	1,752,419	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	12,810	12,810	2,414,129	0	3,814,131	50.00
50.01	GASTRO INTESTINAL SERVICES	1,880	1,880	223,322	0	310,918	50.01
51.00	Recovery Room	1,380	1,380	350,650	0	454,410	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	398	398	35,541	0	48,161	53.00
54.00	Radiology - Diagnostic	10,429	10,429	975,099	0	1,443,261	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	775	775	133,317	0	391,077	56.00
56.01	ULTRA SOUND	590	590	464,591	0	576,327	56.01
57.00	CT Scan	830	830	137,161	0	205,964	57.00
58.00	Magnetic Resonance Imaging (MRI)	757	757	150,792	0	200,511	58.00
59.00	Cardiac Catheterization	3,489	3,489	555,370	0	1,088,485	59.00
60.00	Laboratory	6,656	6,656	1,781,069	0	3,257,527	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only				0		61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	277	277	94,296	0	620,336	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	594	594	673,606	0	849,414	65.00
66.00	Physical Therapy	5,846	5,846	894,525	0	1,139,580	66.00
67.00	Occupational Therapy	0	0	366,693	0	511,751	67.00
68.00	Speech Pathology	468	468	163,082	0	209,215	68.00
69.00	Electro cardiology	2,061	2,061	242,478	0	369,248	69.00
70.00	Electroencephalography	0	0	29,222	0	36,968	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	3,659,301	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	1,709,573	72.00
73.00	Drugs Charged to Patients	0	0	0	0	2,277,738	73.00
74.00	RENAL DIALYSIS	0	0	0	0	344,119	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	CAPITAL RELATED COSTS		Employee Benefits (Gross Salaries)	Reconciliation	Administrative & General (Accum. Cost)	
		Bldg & Fixt (Square Feet)	Mvble Equip (Square Feet)				
		1.00	2.00	4.00	5A	5.00	
90.01	DIABETOLOGY	0	0	45,343	0	55,192	90.01
90.02	CANCER CENTER	0	0	2,100	0	4,027	90.02
90.03	WOUND CARE	11,047	11,047	71,676	0	293,843	90.03
91.00	Emergency	0	0	1,693,303	0	2,314,304	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	223,378	223,378	36,479,100	-12,246,483	61,150,379	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	185	185	0	0	24,057	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
193.00	Nonpaid Workers	0	0	0	0	0	193.00
194.00	MARKETING	587	587	277,164	0	877,113	194.00
194.01	HOSPITALISTS	0	0	179,672	0	208,978	194.01
194.02	COMMUNITY RELATIONS	503	503	163,627	0	245,611	194.02
194.03	SENIOR CENTER	0	0	1,280	0	28,363	194.03
194.04	PHYSICIAN CLINICS	1,256	1,256	298,821	0	693,098	194.04
194.05	POB	93,088	93,088	89,518	0	1,946,387	194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	98,592	0	120,715	194.06
194.07	GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,914,514	3,069,176	4,636,825		12,246,483	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.136493	9.621332	0.123360		0.187557	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0		392,770	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.006015	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Maintenance & Repairs (Square Feet)	Operation of Plant (Square Feet)	Laundry & Linen Service (Pounds of Laundry)	Housekeeping (Square Feet)	Dietary (Meals Served)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt						1.00
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.00	Administrative & General						5.00
6.00	Maintenance & Repairs	298,058					6.00
7.00	Operation of Plant	43,388	254,670				7.00
8.00	Laundry & Linen Service	1,716	1,716	498,569			8.00
9.00	Housekeeping	2,782	2,782	5,649	250,172		9.00
10.00	Dietary	10,953	10,953	0	10,953	517,786	10.00
11.00	Cafeteria	0	0	0	0	112,756	11.00
12.00	Maintenance of Personnel	0	0	0	0	0	12.00
13.00	Nursing Administration	1,548	1,548	0	1,548	0	13.00
14.00	Central Services & Supply	2,118	2,118	0	2,118	0	14.00
15.00	Pharmacy	2,063	2,063	0	2,063	0	15.00
16.00	Medical Records & Library	3,276	3,276	0	3,276	0	16.00
17.00	Social Service	0	0	0	0	0	17.00
18.00	Other General Service (specify)	0	0	0	0	0	18.00
19.00	Nonphysician Anesthetists	0	0	0	0	0	19.00
20.00	Nursing School	0	0	0	0	0	20.00
21.00	I&R Services-Salary & Fringes Apprvd	0	0	106	0	0	21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00
23.00	Paramed. Ed. Prgm.-(specify)	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	41,121	41,121	241,155	41,121	134,843	30.00
31.00	Intensive Care Unit	6,937	6,937	28,717	6,937	17,327	31.00
32.00	Coronary Care Unit	0	0	0	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	13,447	13,447	33,393	13,447	71,250	40.00
41.00	SUBPROVIDER - IRF	12,803	12,803	24,576	12,803	18,811	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	Nursery	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	12,810	12,810	40,940	12,810	0	50.00
50.01	GASTRO INTESTINAL SERVICES	1,880	1,880	0	1,880	0	50.01
51.00	Recovery Room	1,380	1,380	15,365	1,380	0	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	398	398	0	398	0	53.00
54.00	Radiology - Diagnostic	10,429	10,429	33,566	10,429	0	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	775	775	0	775	0	56.00
56.01	ULTRA SOUND	590	590	0	590	0	56.01
57.00	CT Scan	830	830	0	830	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	757	757	0	757	0	58.00
59.00	Cardiac Catheterization	3,489	3,489	0	3,489	0	59.00
60.00	Laboratory	6,656	6,656	86	6,656	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	277	277	0	277	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	594	594	4,420	594	0	65.00
66.00	Physical Therapy	5,846	5,846	23,236	5,846	0	66.00
67.00	Occupational Therapy	0	0	583	0	0	67.00
68.00	Speech Pathology	468	468	0	468	0	68.00
69.00	Electro cardiology	2,061	2,061	0	2,061	0	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	0	0	0	0	0	90.01
90.02	CANCER CENTER	0	0	0	0	0	90.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Maintenance & Repairs (Square Feet)	Operation of Plant (Square Feet)	Laundry & Linen Service (Pounds of Laundry)	Housekeeping (Square Feet)	Dietary (Meals Served)	
		6.00	7.00	8.00	9.00	10.00	
90.03	WOUND CARE	11,047	11,047	0	11,047	0	90.03
91.00	Emergency	0	0	45,186	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	202,439	159,051	496,978	154,553	354,987	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	185	185	0	185	0	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	0	0	0	0	80,251	192.00
193.00	Nonpaid Workers	0	0	0	0	0	193.00
194.00	MARKETING	587	587	0	587	0	194.00
194.01	HOSPITALISTS	0	0	0	0	0	194.01
194.02	COMMUNITY RELATIONS	503	503	0	503	0	194.02
194.03	SENIOR CENTER	0	0	0	0	0	194.03
194.04	PHYSICIAN CLINICS	1,256	1,256	1,591	1,256	0	194.04
194.05	POB	93,088	93,088	0	93,088	0	194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0	194.06
194.07	GUEST TRAYS & CATERING MEALS	0	0	0	0	82,548	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	6,204,503	793,622	1,591,665	3,037,560	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	24.362913	1.591800	6.362283	5.866439	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	845,290	41,692	69,564	258,536	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	3.319158	0.083623	0.278065	0.499311	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Cafeteria (FTES)	Maintenance of Personnel (Number Housed)	Nursing Administration (Direct Nurs. Hrs.(FTES))	Central Services & Supply (Costed Requis.)	Pharmacy (Costed Requis.)	
		11.00	12.00	13.00	14.00	15.00	
	GENERAL SERVICE COST CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt						1.00
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.00	Administrative & General						5.00
6.00	Maintenance & Repairs						6.00
7.00	Operation of Plant						7.00
8.00	Laundry & Linen Service						8.00
9.00	Housekeeping						9.00
10.00	Dietary						10.00
11.00	Cafeteria	46,328					11.00
12.00	Maintenance of Personnel	0	0				12.00
13.00	Nursing Administration	684	0	27,866			13.00
14.00	Central Services & Supply	554	0	0	1,000		14.00
15.00	Pharmacy	1,916	0	0	0	1,000	15.00
16.00	Medical Records & Library	1,884	0	0	0	0	16.00
17.00	Social Service	0	0	0	0	0	17.00
18.00	Other General Service (specify)	0	0	0	0	0	18.00
19.00	Nonphysician Anesthetists	0	0	0	0	0	19.00
20.00	Nursing School	0	0	0	0	0	20.00
21.00	I&R Services-Salary & Fringes Apprvd	833	0	0	0	0	21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00
23.00	Paramed. Ed. Prgm.-(specify)	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	11,766	0	11,766	0	0	30.00
31.00	Intensive Care Unit	2,287	0	2,287	0	0	31.00
32.00	Coronary Care Unit	0	0	0	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	3,391	0	3,391	0	0	40.00
41.00	SUBPROVIDER - IRF	1,422	0	1,422	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	Nursery	1,721	0	1,721	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	2,815	0	2,815	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	296	0	296	0	0	50.01
51.00	Recovery Room	425	0	425	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	106	0	106	0	0	53.00
54.00	Radiology - Diagnostic	1,872	0	0	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	174	0	0	0	0	56.00
56.01	ULTRA SOUND	606	0	0	0	0	56.01
57.00	CT Scan	202	0	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	199	0	0	0	0	58.00
59.00	Cardiac Catheterization	803	0	803	0	0	59.00
60.00	Laboratory	3,739	0	0	0	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	166	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	1,206	0	0	0	0	65.00
66.00	Physical Therapy	1,488	0	0	0	0	66.00
67.00	Occupational Therapy	745	0	0	0	0	67.00
68.00	Speech Pathology	240	0	0	0	0	68.00
69.00	Electro cardiology	534	0	0	0	0	69.00
70.00	Electroencephalography	22	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	1,000	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	1,000	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	65	0	65	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Cafeteria (FTES)	Maintenance of Personnel (Number Housed)	Nursing Administration (Direct Nurs. Hrs.(FTES))	Central Services & Supply (Costed Requis.)	Pharmacy (Costed Requis.)	
		11.00	12.00	13.00	14.00	15.00	
90.02	CANCER CENTER	4	0	0	0	0	90.02
90.03	WOUND CARE	103	0	103	0	0	90.03
91.00	Emergency	2,666	0	2,666	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	44,934	0	27,866	1,000	1,000	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	1	0	0	0	0	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
193.00	Nonpaid Workers	0	0	0	0	0	193.00
194.00	MARKETING	329	0	0	0	0	194.00
194.01	HOSPITALISTS	201	0	0	0	0	194.01
194.02	COMMUNITY RELATIONS	383	0	0	0	0	194.02
194.03	SENIOR CENTER	4	0	0	0	0	194.03
194.04	PHYSICIAN CLINICS	476	0	0	0	0	194.04
194.05	POB	0	0	0	0	0	194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0	194.06
194.07	GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
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)	873,950	0	966,045	419,878	2,445,748	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	18.864402	0.000000	34.667516	419.878000	2,445.748000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	57,376	0	40,039	49,778	60,376	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.238473	0.000000	1.436841	49.778000	60.376000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Medical Records & Library (GROSS CHARGES)	Social Service (Time Spent)	OTHER GENERAL SERVICE (specify)	Nonphysician Anesthetists (Assigned Time)	Nursing School (Assigned Time)	
		16.00	17.00	18.00	19.00	20.00	
	GENERAL SERVICE COST CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt						1.00
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.00	Administrative & General						5.00
6.00	Maintenance & Repairs						6.00
7.00	Operation of Plant						7.00
8.00	Laundry & Linen Service						8.00
9.00	Housekeeping						9.00
10.00	Dietary						10.00
11.00	Cafeteria						11.00
12.00	Maintenance of Personnel						12.00
13.00	Nursing Administration						13.00
14.00	Central Services & Supply						14.00
15.00	Pharmacy						15.00
16.00	Medical Records & Library	274,318,428					16.00
17.00	Social Service	0	0				17.00
18.00	Other General Service (specify)	0	0	0			18.00
19.00	Nonphysician Anesthetists	0	0	0	0		19.00
20.00	Nursing School	0	0	0		0	20.00
21.00	I&R Services-Salary & Fringes Apprvd	0	0	0			21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	0	0			22.00
23.00	Paramed. Ed. Prgm.-(specify)	0	0	0			23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	41,756,726	0	0		0	30.00
31.00	Intensive Care Unit	6,502,337	0	0		0	31.00
32.00	Coronary Care Unit	0	0	0		0	32.00
33.00	Burn Intensive Care Unit	0	0	0		0	33.00
34.00	Surgical Intensive Care Unit	0	0	0		0	34.00
40.00	SUBPROVIDER - IPF	14,594,766	0	0		0	40.00
41.00	SUBPROVIDER - IRF	4,045,655	0	0		0	41.00
42.00	SUBPROVIDER	0	0	0		0	42.00
43.00	Nursery	4,703,411	0	0		0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	NURSING FACILITY	0	0	0		0	45.00
46.00	OTHER LONG TERM CARE	0	0	0		0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	18,395,709	0	0	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	2,645,379	0	0	0	0	50.01
51.00	Recovery Room	2,577,463	0	0	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	3,757,868	0	0	0	0	53.00
54.00	Radiology - Diagnostic	6,538,524	0	0	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	2,213,492	0	0	0	0	56.00
56.01	ULTRA SOUND	6,321,594	0	0	0	0	56.01
57.00	CT Scan	11,568,175	0	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	3,230,339	0	0	0	0	58.00
59.00	Cardiac Catheterization	15,420,948	0	0	0	0	59.00
60.00	Laboratory	31,662,625	0	0	0	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	2,757,600	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	4,720,506	0	0	0	0	65.00
66.00	Physical Therapy	3,537,769	0	0	0	0	66.00
67.00	Occupational Therapy	2,568,599	0	0	0	0	67.00
68.00	Speech Pathology	740,746	0	0	0	0	68.00
69.00	Electro cardiology	4,678,701	0	0	0	0	69.00
70.00	Electroencephalography	130,282	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	6,176,830	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	7,745,374	0	0	0	0	72.00
73.00	Drugs Charged to Patients	43,060,712	0	0	0	0	73.00
74.00	RENAL DIALYSIS	1,811,508	0	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Medical Records & Library (GROSS CHARGES)	Social Service (Time Spent)	OTHER GENERAL SERVICE (specify)	Nonphysician Anesthetists (Assigned Time)	Nursing School (Assigned Time)	
		16.00	17.00	18.00	19.00	20.00	
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	40,730	0	0	0	0	90.01
90.02	CANCER CENTER	101,827	0	0	0	0	90.02
90.03	WOUND CARE	33,605	0	0	0	0	90.03
91.00	Emergency	20,278,628	0	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	274,318,428	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
193.00	Nonpaid Workers	0	0	0	0	0	193.00
194.00	MARKETING	0	0	0	0	0	194.00
194.01	HOSPITALISTS	0	0	0	0	0	194.01
194.02	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	SENIOR CENTER	0	0	0	0	0	194.03
194.04	PHYSICIAN CLINICS	0	0	0	0	0	194.04
194.05	POB	0	0	0	0	0	194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0	194.06
194.07	GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
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)	1,765,522	0	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.006436	0.000000	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	83,821	0	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000306	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	INTERNS & RESIDENTS: Services-Salary & Fringes (Assigned Time)	INTERNS & RESIDENTS: Services-Other Prgrm Costs (Assigned Time)	Paramed. Ed. Prgm. (Assigned Time)		
		21.00	22.00	23.00		
	GENERAL SERVICE COST CENTERS					
1.00	Cap Rel Costs-Bldg & Fixt					1.00
2.00	Cap Rel Costs-Mvble Equip					2.00
4.00	Employee Benefits					4.00
5.00	Administrative & General					5.00
6.00	Maintenance & Repairs					6.00
7.00	Operation of Plant					7.00
8.00	Laundry & Linen Service					8.00
9.00	Housekeeping					9.00
10.00	Dietary					10.00
11.00	Cafeteria					11.00
12.00	Maintenance of Personnel					12.00
13.00	Nursing Administration					13.00
14.00	Central Services & Supply					14.00
15.00	Pharmacy					15.00
16.00	Medical Records & Library					16.00
17.00	Social Service					17.00
18.00	Other General Service (specify)					18.00
19.00	Nonphysician Anesthetists					19.00
20.00	Nursing School					20.00
21.00	I&R Services-Salary & Fringes Apprvd	3,162				21.00
22.00	I&R Services-Other Prgrm Costs Apprvd		3,162			22.00
23.00	Paramed. Ed. Prgm.-(specify)			0		23.00
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	Adults & Pediatrics	3,162	3,162	0		30.00
31.00	Intensive Care Unit	0	0	0		31.00
32.00	Coronary Care Unit	0	0	0		32.00
33.00	Burn Intensive Care Unit	0	0	0		33.00
34.00	Surgical Intensive Care Unit	0	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0		42.00
43.00	Nursery	0	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	NURSING FACILITY	0	0	0		45.00
46.00	OTHER LONG TERM CARE	0	0	0		46.00
	ANCILLARY SERVICE COST CENTERS					
50.00	Operating Room	0	0	0		50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	0		50.01
51.00	Recovery Room	0	0	0		51.00
52.00	Labor Room & Delivery Room	0	0	0		52.00
53.00	Anesthesiology	0	0	0		53.00
54.00	Radiology - Diagnostic	0	0	0		54.00
55.00	Radiology - Therapeutic	0	0	0		55.00
56.00	Radioisotope	0	0	0		56.00
56.01	ULTRA SOUND	0	0	0		56.01
57.00	CT Scan	0	0	0		57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0		58.00
59.00	Cardiac Catheterization	0	0	0		59.00
60.00	Laboratory	0	0	0		60.00
60.01	Blood Laboratory	0	0	0		60.01
61.00	PBP Clinical Lab. Service-Prgm. Only					61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0		62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0		63.00
64.00	Intravenous Therapy	0	0	0		64.00
65.00	Respiratory Therapy	0	0	0		65.00
66.00	Physical Therapy	0	0	0		66.00
67.00	Occupational Therapy	0	0	0		67.00
68.00	Speech Pathology	0	0	0		68.00
69.00	Electro cardiology	0	0	0		69.00
70.00	Electroencephalography	0	0	0		70.00
71.00	Medical Supplies Charged to Patients	0	0	0		71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0		72.00
73.00	Drugs Charged to Patients	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (Non-Distinct Part)	0	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	Clinic	0	0	0		90.00

	Cost Center Description	INTERNS & RESIDENTS Services-Salary & Fringes (Assigned Time)	Services-Other Prgrm Costs (Assigned Time)	Paramed. Ed. Prgm. (Assigned Time)		
		21.00	22.00	23.00		
90.01	DIABETOLOGY	0	0	0		90.01
90.02	CANCER CENTER	0	0	0		90.02
90.03	WOUND CARE	0	0	0		90.03
91.00	Emergency	0	0	0		91.00
92.00	Observation Beds (Non-Distinct Part)					92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	Home Program Dialysis	0	0	0		94.00
95.00	Ambulance Services	0	0	0		95.00
96.00	Durable Medical Equip. - Rented	0	0	0		96.00
97.00	Durable Medical Equip. - Sold	0	0	0		97.00
98.00	Other Reimbursable (specify)	0	0	0		98.00
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS					
105.00	Kidney Acquisition	0	0	0		105.00
106.00	Heart Acquisition	0	0	0		106.00
107.00	Liver Acquisition	0	0	0		107.00
108.00	Lung Acquisition	0	0	0		108.00
109.00	Pancreas Acquisition	0	0	0		109.00
110.00	Intestinal Acquisition	0	0	0		110.00
111.00	Islet Acquisition	0	0	0		111.00
113.00	Interest Expense	0	0	0		113.00
114.00	Utilization Review-SNF	0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	HOSPICE	0	0	0		116.00
118.00	SUBTOTALS (sum of lines 1-117)	3,162	3,162	0		118.00
	NONREIMBURSABLE COST CENTERS					
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0		190.00
191.00	Research	0	0	0		191.00
192.00	Physicians' Private Offices	0	0	0		192.00
193.00	Nonpaid Workers	0	0	0		193.00
194.00	MARKETING	0	0	0		194.00
194.01	HOSPITALISTS	0	0	0		194.01
194.02	COMMUNITY RELATIONS	0	0	0		194.02
194.03	SENIOR CENTER	0	0	0		194.03
194.04	PHYSICIAN CLINICS	0	0	0		194.04
194.05	POB	0	0	0		194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0		194.06
194.07	GUEST TRAYS & CATERING MEALS	0	0	0		194.07
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)	1,070,134	2,628,984	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	338.435800	831.430740	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,381	13,316	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.018027	4.211259	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	14,801,755		14,801,755	0	14,801,755	30.00
31.00	Intensive Care Unit	3,438,185		3,438,185	14,268	3,452,453	31.00
32.00	Coronary Care Unit	0		0	0	0	32.00
33.00	Burn Intensive Care Unit	0		0	0	0	33.00
34.00	Surgical Intensive Care Unit	0		0	0	0	34.00
40.00	SUBPROVIDER - IPF	4,363,746		4,363,746	0	4,363,746	40.00
41.00	SUBPROVIDER - IRF	2,211,244		2,211,244	0	2,211,244	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	Nursery	2,203,497		2,203,497	0	2,203,497	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	0		0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	5,257,343		5,257,343	6,440	5,263,783	50.00
50.01	GASTRO INTESTINAL SERVICES	459,868		459,868	0	459,868	50.01
51.00	Recovery Room	645,837		645,837	0	645,837	51.00
52.00	Labor Room & Delivery Room	0		0	0	0	52.00
53.00	Anesthesiology	99,283		99,283	0	99,283	53.00
54.00	Radiology - Diagnostic	2,165,214		2,165,214	0	2,165,214	54.00
55.00	Radiology - Therapeutic	0		0	0	0	55.00
56.00	Radioisotope	505,766		505,766	0	505,766	56.00
56.01	ULTRA SOUND	754,667		754,667	0	754,667	56.01
57.00	CT Scan	348,360		348,360	0	348,360	57.00
58.00	Magnetic Resonance Imaging (MRI)	285,921		285,921	0	285,921	58.00
59.00	Cardiac Catheterization	1,542,073		1,542,073	0	1,542,073	59.00
60.00	Laboratory	4,347,458		4,347,458	0	4,347,458	60.00
60.01	Blood Laboratory	0		0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0		0	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0		0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	766,074		766,074	0	766,074	63.00
64.00	Intravenous Therapy	0		0	0	0	64.00
65.00	Respiratory Therapy	1,087,146	0	1,087,146	2,642	1,089,788	65.00
66.00	Physical Therapy	1,620,762	0	1,620,762	0	1,620,762	66.00
67.00	Occupational Therapy	639,247	0	639,247	0	639,247	67.00
68.00	Speech Pathology	272,129	0	272,129	0	272,129	68.00
69.00	Electro cardiology	542,014		542,014	12,867	554,881	69.00
70.00	Electroencephalography	45,155		45,155	0	45,155	70.00
71.00	Medical Supplies Charged to Patients	4,805,261		4,805,261	0	4,805,261	71.00
72.00	Implantable Devices Chrgd to Patient	2,080,064		2,080,064	0	2,080,064	72.00
73.00	Drugs Charged to Patients	5,427,840		5,427,840	0	5,427,840	73.00
74.00	RENAL DIALYSIS	420,320		420,320	0	420,320	74.00
75.00	ASC (Non-Distinct Part)	0		0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	Clinic	0		0	0	0	90.00
90.01	DIABETOLOGY	69,285		69,285	0	69,285	90.01
90.02	CANCER CENTER	5,512		5,512	0	5,512	90.02
90.03	WOUND CARE	694,106		694,106	0	694,106	90.03
91.00	Emergency	3,093,524		3,093,524	0	3,093,524	91.00
92.00	Observation Beds (Non-Distinct Part)	2,567,004		2,567,004		2,567,004	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0		0	0	0	94.00
95.00	Ambulance Services	0		0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0		0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0		0	0	0	97.00
98.00	Other Reimbursable (specify)	0		0	0	0	98.00
99.00	CMHC	0		0		0	99.00
99.10	CORF	0		0		0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0		0		0	100.00
101.00	HOME HEALTH AGENCY	0		0		0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0		0		0	105.00
106.00	Heart Acquisition	0		0		0	106.00
107.00	Liver Acquisition	0		0		0	107.00
108.00	Lung Acquisition	0		0		0	108.00
109.00	Pancreas Acquisition	0		0		0	109.00
110.00	Intestinal Acquisition	0		0		0	110.00
111.00	Islet Acquisition	0		0		0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/27/2012 10:58 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	
113.00	Interest Expense						113.00
114.00	Utilization Review-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	HOSPICE	0		0		0	116.00
200.00	Subtotal (see instructions)	67,565,660	0	67,565,660	36,217	67,601,877	200.00
201.00	Less Observation Beds	2,567,004		2,567,004		2,567,004	201.00
202.00	Total (see instructions)	64,998,656	0	64,998,656	36,217	65,034,873	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet C Part I | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	34,517,049		34,517,049			30.00
31.00	Intensive Care Unit	6,502,337		6,502,337			31.00
32.00	Coronary Care Unit	0		0			32.00
33.00	Burn Intensive Care Unit	0		0			33.00
34.00	Surgical Intensive Care Unit	0		0			34.00
40.00	SUBPROVIDER - IPF	14,594,766		14,594,766			40.00
41.00	SUBPROVIDER - IRF	4,045,655		4,045,655			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	Nursery	4,703,411		4,703,411			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	8,358,028	10,037,681	18,395,709	0.285792	0.000000	50.00
50.01	GASTRO INTESTINAL SERVICES	796,046	1,849,333	2,645,379	0.173838	0.000000	50.01
51.00	Recovery Room	1,195,919	1,381,544	2,577,463	0.250571	0.000000	51.00
52.00	Labor Room & Delivery Room	0	0	0	0.000000	0.000000	52.00
53.00	Anesthesiology	1,864,214	1,893,654	3,757,868	0.026420	0.000000	53.00
54.00	Radiology - Diagnostic	2,049,205	4,489,319	6,538,524	0.331147	0.000000	54.00
55.00	Radiology - Therapeutic	0	0	0	0.000000	0.000000	55.00
56.00	Radioisotope	737,295	1,476,197	2,213,492	0.228492	0.000000	56.00
56.01	ULTRA SOUND	1,366,098	4,955,496	6,321,594	0.119379	0.000000	56.01
57.00	CT Scan	4,133,762	7,434,413	11,568,175	0.030114	0.000000	57.00
58.00	Magnetic Resonance Imaging (MRI)	684,567	2,545,772	3,230,339	0.088511	0.000000	58.00
59.00	Cardiac Catheterization	8,110,625	7,310,323	15,420,948	0.099999	0.000000	59.00
60.00	Laboratory	17,413,347	14,249,278	31,662,625	0.137306	0.000000	60.00
60.01	Blood Laboratory	0	0	0	0.000000	0.000000	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	0	0.000000	0.000000	61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0.000000	0.000000	62.00
63.00	Blood Storing, Processing, & Trans.	2,352,092	405,508	2,757,600	0.277805	0.000000	63.00
64.00	Intravenous Therapy	0	0	0	0.000000	0.000000	64.00
65.00	Respiratory Therapy	4,318,784	401,722	4,720,506	0.230303	0.000000	65.00
66.00	Physical Therapy	1,700,525	1,837,244	3,537,769	0.458131	0.000000	66.00
67.00	Occupational Therapy	1,414,157	1,154,442	2,568,599	0.248870	0.000000	67.00
68.00	Speech Pathology	421,572	319,174	740,746	0.367372	0.000000	68.00
69.00	Electro cardiology	2,245,005	2,433,696	4,678,701	0.115847	0.000000	69.00
70.00	Electroencephalography	90,464	39,818	130,282	0.346594	0.000000	70.00
71.00	Medical Supplies Charged to Patients	3,892,095	2,284,735	6,176,830	0.777949	0.000000	71.00
72.00	Implantable Devices Chrgd to Patient	4,804,979	2,940,395	7,745,374	0.268556	0.000000	72.00
73.00	Drugs Charged to Patients	35,742,452	7,318,260	43,060,712	0.126051	0.000000	73.00
74.00	RENAL DIALYSIS	1,770,839	40,669	1,811,508	0.232028	0.000000	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0.000000	0.000000	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	Clinic	0	0	0	0.000000	0.000000	90.00
90.01	DIABETOLOGY	235	40,495	40,730	1.701080	0.000000	90.01
90.02	CANCER CENTER	2,403	99,424	101,827	0.054131	0.000000	90.02
90.03	WOUND CARE	1,342	32,263	33,605	20.654843	0.000000	90.03
91.00	Emergency	6,236,804	14,041,824	20,278,628	0.152551	0.000000	91.00
92.00	Observation Beds (Non-Distinct Part)	3,855,390	3,384,287	7,239,677	0.354574	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0.000000	0.000000	94.00
95.00	Ambulance Services	0	0	0	0.000000	0.000000	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0.000000	0.000000	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0.000000	0.000000	97.00
98.00	Other Reimbursable (specify)	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0			105.00
106.00	Heart Acquisition	0	0	0			106.00
107.00	Liver Acquisition	0	0	0			107.00
108.00	Lung Acquisition	0	0	0			108.00
109.00	Pancreas Acquisition	0	0	0			109.00
110.00	Intestinal Acquisition	0	0	0			110.00
111.00	Islet Acquisition	0	0	0			111.00
113.00	Interest Expense						113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
114.00	Utilization Review-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	179,921,462	94,396,966	274,318,428			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	179,921,462	94,396,966	274,318,428			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet C Part I | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	PPS Inpatient Ratio	
		11.00	
	INPATIENT ROUTINE SERVICE COST CENTERS		30.00
30.00	Adults & Pediatrics		31.00
31.00	Intensive Care Unit		32.00
32.00	Coronary Care Unit		33.00
33.00	Burn Intensive Care Unit		34.00
34.00	Surgical Intensive Care Unit		40.00
40.00	SUBPROVIDER - IPF		41.00
41.00	SUBPROVIDER - IRF		42.00
42.00	SUBPROVIDER		43.00
43.00	Nursery		44.00
44.00	SKILLED NURSING FACILITY		45.00
45.00	NURSING FACILITY		46.00
46.00	OTHER LONG TERM CARE		
	ANCILLARY SERVICE COST CENTERS		50.00
50.00	Operating Room	0.286142	50.01
50.01	GASTRO INTESTINAL SERVICES	0.173838	51.00
51.00	Recovery Room	0.250571	52.00
52.00	Labor Room & Delivery Room	0.000000	53.00
53.00	Anesthesiology	0.026420	54.00
54.00	Radiology - Diagnostic	0.331147	55.00
55.00	Radiology - Therapeutic	0.000000	56.00
56.00	Radioisotope	0.228492	56.01
56.01	ULTRA SOUND	0.119379	57.00
57.00	CT Scan	0.030114	58.00
58.00	Magnetic Resonance Imaging (MRI)	0.088511	59.00
59.00	Cardiac Catheterization	0.099999	60.00
60.00	Laboratory	0.137306	60.01
60.01	Blood Laboratory	0.000000	61.00
61.00	PBP Clinical Lab. Service-Prgm. Only	0.000000	62.00
62.00	Whole Blood & Packed Red Blood Cells	0.000000	63.00
63.00	Blood Storing, Processing, & Trans.	0.277805	64.00
64.00	Intravenous Therapy	0.000000	65.00
65.00	Respiratory Therapy	0.230863	66.00
66.00	Physical Therapy	0.458131	67.00
67.00	Occupational Therapy	0.248870	68.00
68.00	Speech Pathology	0.367372	69.00
69.00	Electro cardiology	0.118597	70.00
70.00	Electroencephalography	0.346594	71.00
71.00	Medical Supplies Charged to Patients	0.777949	72.00
72.00	Implantable Devices Chrgd to Patient	0.268556	73.00
73.00	Drugs Charged to Patients	0.126051	74.00
74.00	RENAL DIALYSIS	0.232028	75.00
75.00	ASC (Non-Distinct Part)	0.000000	
	OUTPATIENT SERVICE COST CENTERS		88.00
88.00	RURAL HEALTH CLINIC		89.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		90.00
90.00	Clinic	0.000000	90.01
90.01	DIABETOLOGY	1.701080	90.02
90.02	CANCER CENTER	0.054131	90.03
90.03	WOUND CARE	20.654843	91.00
91.00	Emergency	0.152551	92.00
92.00	Observation Beds (Non-Distinct Part)	0.354574	
	OTHER REIMBURSABLE COST CENTERS		94.00
94.00	Home Program Dialysis	0.000000	95.00
95.00	Ambulance Services	0.000000	96.00
96.00	Durable Medical Equip. - Rented	0.000000	97.00
97.00	Durable Medical Equip. - Sold	0.000000	98.00
98.00	Other Reimbursable (specify)	0.000000	99.00
99.00	CMHC		99.10
99.10	CORF		100.00
100.00	I&R Services - Not Apprvd. Prgm.		101.00
101.00	HOME HEALTH AGENCY		
	SPECIAL PURPOSE COST CENTERS		105.00
105.00	Kidney Acquisition		106.00
106.00	Heart Acquisition		107.00
107.00	Liver Acquisition		108.00
108.00	Lung Acquisition		109.00
109.00	Pancreas Acquisition		110.00
110.00	Intestinal Acquisition		111.00
111.00	Islet Acquisition		113.00
113.00	Interest Expense		114.00
114.00	Utilization Review-SNF		115.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)		

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	PPS Inpatient Ratio	
		11.00	
116.00	HOSPICE		116.00
200.00	Subtotal (see instructions)		200.00
201.00	Less Observation Beds		201.00
202.00	Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet C Part I | Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

	Cost Center Description	Total Cost (From Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	14,801,755		14,801,755	0	0	30.00
31.00	Intensive Care Unit	3,438,185		3,438,185	0	0	31.00
32.00	Coronary Care Unit	0		0	0	0	32.00
33.00	Burn Intensive Care Unit	0		0	0	0	33.00
34.00	Surgical Intensive Care Unit	0		0	0	0	34.00
40.00	SUBPROVIDER - IPF	4,363,746		4,363,746	0	0	40.00
41.00	SUBPROVIDER - IRF	2,211,244		2,211,244	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	Nursery	2,203,497		2,203,497	0	0	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	0		0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	5,257,343		5,257,343	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	459,868		459,868	0	0	50.01
51.00	Recovery Room	645,837		645,837	0	0	51.00
52.00	Labor Room & Delivery Room	0		0	0	0	52.00
53.00	Anesthesiology	99,283		99,283	0	0	53.00
54.00	Radiology - Diagnostic	2,165,214		2,165,214	0	0	54.00
55.00	Radiology - Therapeutic	0		0	0	0	55.00
56.00	Radioisotope	505,766		505,766	0	0	56.00
56.01	ULTRA SOUND	754,667		754,667	0	0	56.01
57.00	CT Scan	348,360		348,360	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	285,921		285,921	0	0	58.00
59.00	Cardiac Catheterization	1,542,073		1,542,073	0	0	59.00
60.00	Laboratory	4,347,458		4,347,458	0	0	60.00
60.01	Blood Laboratory	0		0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0		0	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0		0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	766,074		766,074	0	0	63.00
64.00	Intravenous Therapy	0		0	0	0	64.00
65.00	Respiratory Therapy	1,087,146	0	1,087,146	0	0	65.00
66.00	Physical Therapy	1,620,762	0	1,620,762	0	0	66.00
67.00	Occupational Therapy	639,247	0	639,247	0	0	67.00
68.00	Speech Pathology	272,129	0	272,129	0	0	68.00
69.00	Electro cardiology	542,014		542,014	0	0	69.00
70.00	Electroencephalography	45,155		45,155	0	0	70.00
71.00	Medical Supplies Charged to Patients	4,805,261		4,805,261	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	2,080,064		2,080,064	0	0	72.00
73.00	Drugs Charged to Patients	5,427,840		5,427,840	0	0	73.00
74.00	RENAL DIALYSIS	420,320		420,320	0	0	74.00
75.00	ASC (Non-Distinct Part)	0		0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	Clinic	0		0	0	0	90.00
90.01	DIABETOLOGY	69,285		69,285	0	0	90.01
90.02	CANCER CENTER	5,512		5,512	0	0	90.02
90.03	WOUND CARE	694,106		694,106	0	0	90.03
91.00	Emergency	3,093,524		3,093,524	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	2,567,004		2,567,004		0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0		0	0	0	94.00
95.00	Ambulance Services	0		0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0		0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0		0	0	0	97.00
98.00	Other Reimbursable (specify)	0		0	0	0	98.00
99.00	CMHC	0		0		0	99.00
99.10	CORF	0		0		0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0		0		0	100.00
101.00	HOME HEALTH AGENCY	0		0		0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0		0		0	105.00
106.00	Heart Acquisition	0		0		0	106.00
107.00	Liver Acquisition	0		0		0	107.00
108.00	Lung Acquisition	0		0		0	108.00
109.00	Pancreas Acquisition	0		0		0	109.00
110.00	Intestinal Acquisition	0		0		0	110.00
111.00	Islet Acquisition	0		0		0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
113.00	Interest Expense						113.00
114.00	Utilization Review-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	HOSPICE	0		0		0	116.00
200.00	Subtotal (see instructions)	67,565,660	0	67,565,660	0	0	200.00
201.00	Less Observation Beds	2,567,004		2,567,004		0	201.00
202.00	Total (see instructions)	64,998,656	0	64,998,656	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	34,517,049		34,517,049			30.00
31.00	Intensive Care Unit	6,502,337		6,502,337			31.00
32.00	Coronary Care Unit	0		0			32.00
33.00	Burn Intensive Care Unit	0		0			33.00
34.00	Surgical Intensive Care Unit	0		0			34.00
40.00	SUBPROVIDER - IPF	14,594,766		14,594,766			40.00
41.00	SUBPROVIDER - IRF	4,045,655		4,045,655			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	Nursery	4,703,411		4,703,411			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	8,358,028	10,037,681	18,395,709	0.285792	0.000000	50.00
50.01	GASTRO INTESTINAL SERVICES	796,046	1,849,333	2,645,379	0.173838	0.000000	50.01
51.00	Recovery Room	1,195,919	1,381,544	2,577,463	0.250571	0.000000	51.00
52.00	Labor Room & Delivery Room	0	0	0	0.000000	0.000000	52.00
53.00	Anesthesiology	1,864,214	1,893,654	3,757,868	0.026420	0.000000	53.00
54.00	Radiology - Diagnostic	2,049,205	4,489,319	6,538,524	0.331147	0.000000	54.00
55.00	Radiology - Therapeutic	0	0	0	0.000000	0.000000	55.00
56.00	Radioisotope	737,295	1,476,197	2,213,492	0.228492	0.000000	56.00
56.01	ULTRA SOUND	1,366,098	4,955,496	6,321,594	0.119379	0.000000	56.01
57.00	CT Scan	4,133,762	7,434,413	11,568,175	0.030114	0.000000	57.00
58.00	Magnetic Resonance Imaging (MRI)	684,567	2,545,772	3,230,339	0.088511	0.000000	58.00
59.00	Cardiac Catheterization	8,110,625	7,310,323	15,420,948	0.099999	0.000000	59.00
60.00	Laboratory	17,413,347	14,249,278	31,662,625	0.137306	0.000000	60.00
60.01	Blood Laboratory	0	0	0	0.000000	0.000000	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	0	0.000000	0.000000	61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0.000000	0.000000	62.00
63.00	Blood Storing, Processing, & Trans.	2,352,092	405,508	2,757,600	0.277805	0.000000	63.00
64.00	Intravenous Therapy	0	0	0	0.000000	0.000000	64.00
65.00	Respiratory Therapy	4,318,784	401,722	4,720,506	0.230303	0.000000	65.00
66.00	Physical Therapy	1,700,525	1,837,244	3,537,769	0.458131	0.000000	66.00
67.00	Occupational Therapy	1,414,157	1,154,442	2,568,599	0.248870	0.000000	67.00
68.00	Speech Pathology	421,572	319,174	740,746	0.367372	0.000000	68.00
69.00	Electro cardiology	2,245,005	2,433,696	4,678,701	0.115847	0.000000	69.00
70.00	Electroencephalography	90,464	39,818	130,282	0.346594	0.000000	70.00
71.00	Medical Supplies Charged to Patients	3,892,095	2,284,735	6,176,830	0.777949	0.000000	71.00
72.00	Implantable Devices Chrgd to Patient	4,804,979	2,940,395	7,745,374	0.268556	0.000000	72.00
73.00	Drugs Charged to Patients	35,742,452	7,318,260	43,060,712	0.126051	0.000000	73.00
74.00	RENAL DIALYSIS	1,770,839	40,669	1,811,508	0.232028	0.000000	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0.000000	0.000000	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	Clinic	0	0	0	0.000000	0.000000	90.00
90.01	DIABETOLOGY	235	40,495	40,730	1.701080	0.000000	90.01
90.02	CANCER CENTER	2,403	99,424	101,827	0.054131	0.000000	90.02
90.03	WOUND CARE	1,342	32,263	33,605	20.654843	0.000000	90.03
91.00	Emergency	6,236,804	14,041,824	20,278,628	0.152551	0.000000	91.00
92.00	Observation Beds (Non-Distinct Part)	3,855,390	3,384,287	7,239,677	0.354574	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0.000000	0.000000	94.00
95.00	Ambulance Services	0	0	0	0.000000	0.000000	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0.000000	0.000000	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0.000000	0.000000	97.00
98.00	Other Reimbursable (specify)	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0			105.00
106.00	Heart Acquisition	0	0	0			106.00
107.00	Liver Acquisition	0	0	0			107.00
108.00	Lung Acquisition	0	0	0			108.00
109.00	Pancreas Acquisition	0	0	0			109.00
110.00	Intestinal Acquisition	0	0	0			110.00
111.00	Islet Acquisition	0	0	0			111.00
113.00	Interest Expense						113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
114.00	Utilization Review-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	179,921,462	94,396,966	274,318,428			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	179,921,462	94,396,966	274,318,428			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet C Part I | Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

	Cost Center Description	PPS Inpatient Ratio		
		11.00		
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	Adults & Pediatrics			30.00
31.00	Intensive Care Unit			31.00
32.00	Coronary Care Unit			32.00
33.00	Burn Intensive Care Unit			33.00
34.00	Surgical Intensive Care Unit			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	Nursery			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	Operating Room	0.000000		50.00
50.01	GASTRO INTESTINAL SERVICES	0.000000		50.01
51.00	Recovery Room	0.000000		51.00
52.00	Labor Room & Delivery Room	0.000000		52.00
53.00	Anesthesiology	0.000000		53.00
54.00	Radiology - Diagnostic	0.000000		54.00
55.00	Radiology - Therapeutic	0.000000		55.00
56.00	Radioisotope	0.000000		56.00
56.01	ULTRA SOUND	0.000000		56.01
57.00	CT Scan	0.000000		57.00
58.00	Magnetic Resonance Imaging (MRI)	0.000000		58.00
59.00	Cardiac Catheterization	0.000000		59.00
60.00	Laboratory	0.000000		60.00
60.01	Blood Laboratory	0.000000		60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0.000000		61.00
62.00	Whole Blood & Packed Red Blood Cells	0.000000		62.00
63.00	Blood Storing, Processing, & Trans.	0.000000		63.00
64.00	Intravenous Therapy	0.000000		64.00
65.00	Respiratory Therapy	0.000000		65.00
66.00	Physical Therapy	0.000000		66.00
67.00	Occupational Therapy	0.000000		67.00
68.00	Speech Pathology	0.000000		68.00
69.00	Electro cardiology	0.000000		69.00
70.00	Electroencephalography	0.000000		70.00
71.00	Medical Supplies Charged to Patients	0.000000		71.00
72.00	Implantable Devices Chrgd to Patient	0.000000		72.00
73.00	Drugs Charged to Patients	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (Non-Distinct Part)	0.000000		75.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	Clinic	0.000000		90.00
90.01	DIABETOLOGY	0.000000		90.01
90.02	CANCER CENTER	0.000000		90.02
90.03	WOUND CARE	0.000000		90.03
91.00	Emergency	0.000000		91.00
92.00	Observation Beds (Non-Distinct Part)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis	0.000000		94.00
95.00	Ambulance Services	0.000000		95.00
96.00	Durable Medical Equip. - Rented	0.000000		96.00
97.00	Durable Medical Equip. - Sold	0.000000		97.00
98.00	Other Reimbursable (specify)	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R Services - Not Apprvd. Prgm.			100.00
101.00	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	Kidney Acquisition			105.00
106.00	Heart Acquisition			106.00
107.00	Liver Acquisition			107.00
108.00	Lung Acquisition			108.00
109.00	Pancreas Acquisition			109.00
110.00	Intestinal Acquisition			110.00
111.00	Islet Acquisition			111.00
113.00	Interest Expense			113.00
114.00	Utilization Review-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240	Period: From 08/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/27/2012 10:58 am
Title XIX	Hospital	Cost

	Cost Center Description	PPS Inpatient Ratio	
		11.00	
116.00	HOSPICE		116.00
200.00	Subtotal (see instructions)		200.00
201.00	Less Observation Beds		201.00
202.00	Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part I | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	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)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	1,109,104	0	1,109,104	20,666	53.67	30.00
31.00	Intensive Care Unit	188,994		188,994	2,195	86.10	31.00
32.00	Coronary Care Unit	0		0	0	0.00	32.00
33.00	Burn Intensive Care Unit	0		0	0	0.00	33.00
34.00	Surgical Intensive Care Unit	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	368,742	0	368,742	9,026	40.85	40.00
41.00	SUBPROVIDER - IRF	310,635	0	310,635	2,383	130.35	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	Nursery	16,584		16,584	3,643	4.55	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	1,994,059		1,994,059	37,913		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part I Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	Adults & Pediatrics	7,102	381,164	30.00
31.00	Intensive Care Unit	1,026	88,339	31.00
32.00	Coronary Care Unit	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	34.00
40.00	SUBPROVIDER - IPF	3,772	154,086	40.00
41.00	SUBPROVIDER - IRF	1,361	177,406	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	Nursery	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	13,261	800,995	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part II Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	325,893	18,395,709	0.017716	3,993,383	70,747	50.00
50.01	GASTRO INTESTINAL SERVICES	45,499	2,645,379	0.017199	371,057	6,382	50.01
51.00	Recovery Room	36,793	2,577,463	0.014275	341,579	4,876	51.00
52.00	Labor Room & Delivery Room	0	0	0.000000	0	0	52.00
53.00	Anesthesiology	10,620	3,757,868	0.002826	637,363	1,801	53.00
54.00	Radiology - Diagnostic	248,947	6,538,524	0.038074	1,774,413	67,559	54.00
55.00	Radiology - Therapeutic	0	0	0.000000	0	0	55.00
56.00	Radioisotope	20,570	2,213,492	0.009293	470,819	4,375	56.00
56.01	ULTRA SOUND	19,342	6,321,594	0.003060	255,729	783	56.01
57.00	CT Scan	23,584	11,568,175	0.002039	1,992,654	4,063	57.00
58.00	Magnetic Resonance Imaging (MRI)	19,362	3,230,339	0.005994	351,020	2,104	58.00
59.00	Cardiac Catheterization	91,411	15,420,948	0.005928	3,255,400	19,298	59.00
60.00	Laboratory	182,716	31,662,625	0.005771	8,379,111	48,356	60.00
60.01	Blood Laboratory	0	0	0.000000	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	10,973	2,757,600	0.003979	722,090	2,873	63.00
64.00	Intravenous Therapy	0	0	0.000000	0	0	64.00
65.00	Respiratory Therapy	21,696	4,720,506	0.004596	1,760,090	8,089	65.00
66.00	Physical Therapy	142,412	3,537,769	0.040255	323,181	13,010	66.00
67.00	Occupational Therapy	4,836	2,568,599	0.001883	191,911	361	67.00
68.00	Speech Pathology	12,244	740,746	0.016529	116,547	1,926	68.00
69.00	Electro cardiology	50,388	4,678,701	0.010770	2,103,198	22,651	69.00
70.00	Electroencephalography	289	130,282	0.002218	49,176	109	70.00
71.00	Medical Supplies Charged to Patients	73,679	6,176,830	0.011928	1,845,359	22,011	71.00
72.00	Implantable Devices Chrgd to Patient	12,653	7,745,374	0.001634	2,394,547	3,913	72.00
73.00	Drugs Charged to Patients	87,134	43,060,712	0.002024	14,790,292	29,936	73.00
74.00	RENAL DIALYSIS	2,624	1,811,508	0.001449	739,240	1,071	74.00
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	Clinic	0	0	0.000000	0	0	90.00
90.01	DIABETOLOGY	518	40,730	0.012718	0	0	90.01
90.02	CANCER CENTER	60	101,827	0.000589	0	0	90.02
90.03	WOUND CARE	249,010	33,605	7.409909	0	0	90.03
91.00	Emergency	31,038	20,278,628	0.001531	2,297,080	3,517	91.00
92.00	Observation Beds (Non-Distinct Part)	192,348	7,239,677	0.026569	595,355	15,818	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0.000000	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0.000000	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0.000000	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	1,916,639	209,955,210		49,750,594	355,629	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part III Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	0	0	0	0	0	30.00
31.00	Intensive Care Unit	0	0	0		0	31.00
32.00	Coronary Care Unit	0	0	0		0	32.00
33.00	Burn Intensive Care Unit	0	0	0		0	33.00
34.00	Surgical Intensive Care Unit	0	0	0		0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	Nursery	0	0	0		0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	NURSING FACILITY	0	0	0		0	45.00
200.00	Total (lines 30-199)	0	0	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part III Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	20,666	0.00	7,102	0	0	30.00
31.00	Intensive Care Unit	2,195	0.00	1,026	0	0	31.00
32.00	Coronary Care Unit	0	0.00	0	0	0	32.00
33.00	Burn Intensive Care Unit	0	0.00	0	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0.00	0	0	0	34.00
40.00	SUBPROVIDER - IPF	9,026	0.00	3,772	0	0	40.00
41.00	SUBPROVIDER - IRF	2,383	0.00	1,361	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	Nursery	3,643	0.00	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00	Total (lines 30-199)	37,913		13,261	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part III Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
		12.00	13.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	Adults & Pediatrics	0	0	30.00
31.00	Intensive Care Unit	0	0	31.00
32.00	Coronary Care Unit	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	Nursery	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	0	0	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00	Recovery Room	0	0	0	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	0	0	0	0	0	53.00
54.00	Radiology - Diagnostic	0	0	0	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	0	0	0	0	56.01
57.00	CT Scan	0	0	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	Laboratory	0	0	0	0	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	0	0	0	0	0	65.00
66.00	Physical Therapy	0	0	0	0	0	66.00
67.00	Occupational Therapy	0	0	0	0	0	67.00
68.00	Speech Pathology	0	0	0	0	0	68.00
69.00	Electro cardiology	0	0	0	0	0	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	0	0	0	0	0	90.01
90.02	CANCER CENTER	0	0	0	0	0	90.02
90.03	WOUND CARE	0	0	0	0	0	90.03
91.00	Emergency	0	0	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	18,395,709	0.000000	0.000000	3,993,383	50.00
50.01	GASTRO INTESTINAL SERVICES	0	2,645,379	0.000000	0.000000	371,057	50.01
51.00	Recovery Room	0	2,577,463	0.000000	0.000000	341,579	51.00
52.00	Labor Room & Delivery Room	0	0	0.000000	0.000000	0	52.00
53.00	Anesthesiology	0	3,757,868	0.000000	0.000000	637,363	53.00
54.00	Radiology - Diagnostic	0	6,538,524	0.000000	0.000000	1,774,413	54.00
55.00	Radiology - Therapeutic	0	0	0.000000	0.000000	0	55.00
56.00	Radioisotope	0	2,213,492	0.000000	0.000000	470,819	56.00
56.01	ULTRA SOUND	0	6,321,594	0.000000	0.000000	255,729	56.01
57.00	CT Scan	0	11,568,175	0.000000	0.000000	1,992,654	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	3,230,339	0.000000	0.000000	351,020	58.00
59.00	Cardiac Catheterization	0	15,420,948	0.000000	0.000000	3,255,400	59.00
60.00	Laboratory	0	31,662,625	0.000000	0.000000	8,379,111	60.00
60.01	Blood Laboratory	0	0	0.000000	0.000000	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0.000000	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	2,757,600	0.000000	0.000000	722,090	63.00
64.00	Intravenous Therapy	0	0	0.000000	0.000000	0	64.00
65.00	Respiratory Therapy	0	4,720,506	0.000000	0.000000	1,760,090	65.00
66.00	Physical Therapy	0	3,537,769	0.000000	0.000000	323,181	66.00
67.00	Occupational Therapy	0	2,568,599	0.000000	0.000000	191,911	67.00
68.00	Speech Pathology	0	740,746	0.000000	0.000000	116,547	68.00
69.00	Electro cardiology	0	4,678,701	0.000000	0.000000	2,103,198	69.00
70.00	Electroencephalography	0	130,282	0.000000	0.000000	49,176	70.00
71.00	Medical Supplies Charged to Patients	0	6,176,830	0.000000	0.000000	1,845,359	71.00
72.00	Implantable Devices Chrgd to Patient	0	7,745,374	0.000000	0.000000	2,394,547	72.00
73.00	Drugs Charged to Patients	0	43,060,712	0.000000	0.000000	14,790,292	73.00
74.00	RENAL DIALYSIS	0	1,811,508	0.000000	0.000000	739,240	74.00
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0.000000	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	Clinic	0	0	0.000000	0.000000	0	90.00
90.01	DIABETOLOGY	0	40,730	0.000000	0.000000	0	90.01
90.02	CANCER CENTER	0	101,827	0.000000	0.000000	0	90.02
90.03	WOUND CARE	0	33,605	0.000000	0.000000	0	90.03
91.00	Emergency	0	20,278,628	0.000000	0.000000	2,297,080	91.00
92.00	Observation Beds (Non-Distinct Part)	0	7,239,677	0.000000	0.000000	595,355	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0.000000	0.000000	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0.000000	0.000000	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0.000000	0.000000	0	97.00
98.00	Other Reimbursable (specify)	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	209,955,210			49,750,594	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	3,476,436	0	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	520,872	0	0	0	50.01
51.00	Recovery Room	0	723,273	0	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	0	399,555	0	0	0	53.00
54.00	Radiology - Diagnostic	0	1,964,842	0	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	0	567,823	0	0	0	56.00
56.01	ULTRA SOUND	0	271,428	0	0	0	56.01
57.00	CT Scan	0	1,463,703	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	513,163	0	0	0	58.00
59.00	Cardiac Catheterization	0	787,125	0	0	0	59.00
60.00	Laboratory	0	217,652	0	0	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	26,520	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	0	86,255	0	0	0	65.00
66.00	Physical Therapy	0	0	0	0	0	66.00
67.00	Occupational Therapy	0	0	0	0	0	67.00
68.00	Speech Pathology	0	0	0	0	0	68.00
69.00	Electro cardiology	0	961,354	0	0	0	69.00
70.00	Electroencephalography	0	10,623	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	734,996	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	1,872,047	0	0	0	72.00
73.00	Drugs Charged to Patients	0	1,620,878	0	0	0	73.00
74.00	RENAL DIALYSIS	0	10,460	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	0	0	0	0	0	90.01
90.02	CANCER CENTER	0	0	0	0	0	90.02
90.03	WOUND CARE	0	0	0	0	0	90.03
91.00	Emergency	0	1,575,110	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	721,427	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	18,525,542	0	0	0	200.00

Health Financial Systems

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
	ANCILLARY SERVICE COST CENTERS			50.00
50.00	Operating Room	0	0	50.01
50.01	GASTRO INTESTINAL SERVICES	0	0	51.00
51.00	Recovery Room	0	0	52.00
52.00	Labor Room & Delivery Room	0	0	53.00
53.00	Anesthesiology	0	0	54.00
54.00	Radiology - Diagnostic	0	0	55.00
55.00	Radiology - Therapeutic	0	0	56.00
56.00	Radioisotope	0	0	56.01
56.01	ULTRA SOUND	0	0	57.00
57.00	CT Scan	0	0	58.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	59.00
59.00	Cardiac Catheterization	0	0	60.00
60.00	Laboratory	0	0	60.01
60.01	Blood Laboratory			61.00
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	62.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	63.00
63.00	Blood Storing, Processing, & Trans.	0	0	64.00
64.00	Intravenous Therapy	0	0	65.00
65.00	Respiratory Therapy	0	0	66.00
66.00	Physical Therapy	0	0	67.00
67.00	Occupational Therapy	0	0	68.00
68.00	Speech Pathology	0	0	69.00
69.00	Electro cardiology	0	0	70.00
70.00	Electroencephalography	0	0	71.00
71.00	Medical Supplies Charged to Patients	0	0	72.00
72.00	Implantable Devices Chrgd to Patient	0	0	73.00
73.00	Drugs Charged to Patients	0	0	74.00
74.00	RENAL DIALYSIS	0	0	75.00
75.00	ASC (Non-Distinct Part)			
	OUTPATIENT SERVICE COST CENTERS			88.00
88.00	RURAL HEALTH CLINIC	0	0	89.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	90.00
90.00	Clinic	0	0	90.01
90.01	DIABETOLOGY	0	0	90.02
90.02	CANCER CENTER	0	0	90.03
90.03	WOUND CARE	0	0	91.00
91.00	Emergency	0	0	92.00
92.00	Observation Beds (Non-Distinct Part)			
	OTHER REIMBURSABLE COST CENTERS			94.00
94.00	Home Program Dialysis	0	0	95.00
95.00	Ambulance Services	0	0	96.00
96.00	Durable Medical Equip. - Rented	0	0	97.00
97.00	Durable Medical Equip. - Sold	0	0	98.00
98.00	Other Reimbursable (specify)	0	0	200.00
200.00	Total (lines 50-199)			

Health Financial Systems

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/27/2012 10:58 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)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
		1.00	2.00	3.00	4.00		
	ANCILLARY SERVICE COST CENTERS						50.00
50.00	Operating Room	0.285792	3,476,436	0	0		50.01
50.01	GASTRO INTESTINAL SERVICES	0.173838	520,872	0	0		51.00
51.00	Recovery Room	0.250571	723,273	0	0		52.00
52.00	Labor Room & Delivery Room	0.000000	0	0	0		53.00
53.00	Anesthesiology	0.026420	399,555	0	0		54.00
54.00	Radiology - Diagnostic	0.331147	1,964,842	0	0		55.00
55.00	Radiology - Therapeutic	0.000000	0	0	0		56.00
56.00	Radioisotope	0.228492	567,823	0	0		56.01
56.01	ULTRA SOUND	0.119379	271,428	0	0		57.00
57.00	CT Scan	0.030114	1,463,703	0	0		58.00
58.00	Magnetic Resonance Imaging (MRI)	0.088511	513,163	0	0		59.00
59.00	Cardiac Catheterization	0.099999	787,125	0	0		60.00
60.00	Laboratory	0.137306	217,652	0	0		60.01
60.01	Blood Laboratory	0.000000	0	0	0		61.00
61.00	PBP Clinical Lab. Service-Prgm. Only	0.000000		0	0		62.00
62.00	Whole Blood & Packed Red Blood Cells	0.000000	0	0	0		63.00
63.00	Blood Storing, Processing, & Trans.	0.277805	26,520	0	0		64.00
64.00	Intravenous Therapy	0.000000	0	0	0		65.00
65.00	Respiratory Therapy	0.230303	86,255	0	0		66.00
66.00	Physical Therapy	0.458131	0	0	0		67.00
67.00	Occupational Therapy	0.248870	0	0	0		68.00
68.00	Speech Pathology	0.367372	0	0	0		69.00
69.00	Electro cardiology	0.115847	961,354	0	0		70.00
70.00	Electroencephalography	0.346594	10,623	0	0		71.00
71.00	Medical Supplies Charged to Patients	0.777949	734,996	0	0		72.00
72.00	Implantable Devices Chrgd to Patient	0.268556	1,872,047	0	0		73.00
73.00	Drugs Charged to Patients	0.126051	1,620,878	0	0		74.00
74.00	RENAL DIALYSIS	0.232028	10,460	0	0		75.00
75.00	ASC (Non-Distinct Part)	0.000000	0	0	0		
	OUTPATIENT SERVICE COST CENTERS						88.00
88.00	RURAL HEALTH CLINIC	0.000000					89.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					90.00
90.00	Clinic	0.000000	0	0	0		90.01
90.01	DIABETOLOGY	1.701080	0	0	0		90.02
90.02	CANCER CENTER	0.054131	0	0	0		90.03
90.03	WOUND CARE	20.654843	0	0	0		91.00
91.00	Emergency	0.152551	1,575,110	0	0		92.00
92.00	Observation Beds (Non-Distinct Part)	0.354574	721,427	0	0		
	OTHER REIMBURSABLE COST CENTERS						94.00
94.00	Home Program Dialysis	0.000000		0			95.00
95.00	Ambulance Services	0.000000		0			96.00
96.00	Durable Medical Equip. - Rented	0.000000	0	0	0		97.00
97.00	Durable Medical Equip. - Sold	0.000000	0	0	0		98.00
98.00	Other Reimbursable (specify)	0.000000	0	0	0		200.00
200.00	Subtotal (see instructions)		18,525,542	0	0		201.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		202.00
202.00	Net Charges (line 200 +/- line 201)		18,525,542				

Health Financial Systems

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part V | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	Costs PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
		5.00	6.00	7.00	
	ANCILLARY SERVICE COST CENTERS				50.00
50.00	Operating Room	993,538	0	0	50.01
50.01	GASTRO INTESTINAL SERVICES	90,547	0	0	51.00
51.00	Recovery Room	181,231	0	0	52.00
52.00	Labor Room & Delivery Room	0	0	0	53.00
53.00	Anesthesiology	10,556	0	0	54.00
54.00	Radiology - Diagnostic	650,652	0	0	55.00
55.00	Radiology - Therapeutic	0	0	0	56.00
56.00	Radioisotope	129,743	0	0	56.01
56.01	ULTRA SOUND	32,403	0	0	57.00
57.00	CT Scan	44,078	0	0	58.00
58.00	Magnetic Resonance Imaging (MRI)	45,421	0	0	59.00
59.00	Cardiac Catheterization	78,712	0	0	60.00
60.00	Laboratory	29,885	0	0	60.01
60.01	Blood Laboratory	0	0	0	61.00
61.00	PBP Clinical Lab. Service-Prgm. Only		0		62.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	63.00
63.00	Blood Storing, Processing, & Trans.	7,367	0	0	64.00
64.00	Intravenous Therapy	0	0	0	65.00
65.00	Respiratory Therapy	19,865	0	0	66.00
66.00	Physical Therapy	0	0	0	67.00
67.00	Occupational Therapy	0	0	0	68.00
68.00	Speech Pathology	0	0	0	69.00
69.00	Electro cardiology	111,370	0	0	70.00
70.00	Electroencephalography	3,682	0	0	71.00
71.00	Medical Supplies Charged to Patients	571,789	0	0	72.00
72.00	Implantable Devices Chrgd to Patient	502,749	0	0	73.00
73.00	Drugs Charged to Patients	204,313	0	0	74.00
74.00	RENAL DIALYSIS	2,427	0	0	75.00
75.00	ASC (Non-Distinct Part)	0	0	0	
	OUTPATIENT SERVICE COST CENTERS				88.00
88.00	RURAL HEALTH CLINIC	0	0	0	89.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	90.00
90.00	Clinic	0	0	0	90.01
90.01	DIABETOLOGY	0	0	0	90.02
90.02	CANCER CENTER	0	0	0	90.03
90.03	WOUND CARE	0	0	0	91.00
91.00	Emergency	240,285	0	0	92.00
92.00	Observation Beds (Non-Distinct Part)	255,799	0	0	
	OTHER REIMBURSABLE COST CENTERS				94.00
94.00	Home Program Dialysis		0	0	95.00
95.00	Ambulance Services		0		96.00
96.00	Durable Medical Equip. - Rented	0	0	0	97.00
97.00	Durable Medical Equip. - Sold	0	0	0	98.00
98.00	Other Reimbursable (specify)	0	0	0	200.00
200.00	Subtotal (see instructions)	4,206,412	0	0	201.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0		202.00
202.00	Net Charges (line 200 +/- line 201)	4,206,412	0	0	

Health Financial Systems

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140240 | Component CCN: 145240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part II Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	325,893	18,395,709	0.017716	4,949	88	50.00
50.01	GASTRO INTESTINAL SERVICES	45,499	2,645,379	0.017199	0	0	50.01
51.00	Recovery Room	36,793	2,577,463	0.014275	1,805	26	51.00
52.00	Labor Room & Delivery Room	0	0	0.000000	0	0	52.00
53.00	Anesthesiology	10,620	3,757,868	0.002826	53,056	150	53.00
54.00	Radiology - Diagnostic	248,947	6,538,524	0.038074	27,413	1,044	54.00
55.00	Radiology - Therapeutic	0	0	0.000000	0	0	55.00
56.00	Radioisotope	20,570	2,213,492	0.009293	0	0	56.00
56.01	ULTRA SOUND	19,342	6,321,594	0.003060	1,842	6	56.01
57.00	CT Scan	23,584	11,568,175	0.002039	16,674	34	57.00
58.00	Magnetic Resonance Imaging (MRI)	19,362	3,230,339	0.005994	0	0	58.00
59.00	Cardiac Catheterization	91,411	15,420,948	0.005928	0	0	59.00
60.00	Laboratory	182,716	31,662,625	0.005771	484,364	2,795	60.00
60.01	Blood Laboratory	0	0	0.000000	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	10,973	2,757,600	0.003979	0	0	63.00
64.00	Intravenous Therapy	0	0	0.000000	0	0	64.00
65.00	Respiratory Therapy	21,696	4,720,506	0.004596	87,444	402	65.00
66.00	Physical Therapy	142,412	3,537,769	0.040255	8,044	324	66.00
67.00	Occupational Therapy	4,836	2,568,599	0.001883	1,186	2	67.00
68.00	Speech Pathology	12,244	740,746	0.016529	1,853	31	68.00
69.00	Electro cardiology	50,388	4,678,701	0.010770	57,612	620	69.00
70.00	Electroencephalography	289	130,282	0.002218	0	0	70.00
71.00	Medical Supplies Charged to Patients	73,679	6,176,830	0.011928	616	7	71.00
72.00	Implantable Devices Chrgd to Patient	12,653	7,745,374	0.001634	0	0	72.00
73.00	Drugs Charged to Patients	87,134	43,060,712	0.002024	1,292,308	2,616	73.00
74.00	RENAL DIALYSIS	2,624	1,811,508	0.001449	7,583	11	74.00
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	Clinic	0	0	0.000000	0	0	90.00
90.01	DIABETOLOGY	518	40,730	0.012718	0	0	90.01
90.02	CANCER CENTER	60	101,827	0.000589	0	0	90.02
90.03	WOUND CARE	249,010	33,605	7.409909	0	0	90.03
91.00	Emergency	31,038	20,278,628	0.001531	269,557	413	91.00
92.00	Observation Beds (Non-Distinct Part)	192,348	7,239,677	0.026569	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0.000000	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0.000000	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0.000000	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	1,916,639	209,955,210		2,316,306	8,569	200.00

Health Financial Systems

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Component CCN: 14S240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	0	0	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00	Recovery Room	0	0	0	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	0	0	0	0	0	53.00
54.00	Radiology - Diagnostic	0	0	0	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	0	0	0	0	56.01
57.00	CT Scan	0	0	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	Laboratory	0	0	0	0	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	0	0	0	0	0	65.00
66.00	Physical Therapy	0	0	0	0	0	66.00
67.00	Occupational Therapy	0	0	0	0	0	67.00
68.00	Speech Pathology	0	0	0	0	0	68.00
69.00	Electro cardiology	0	0	0	0	0	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	0	0	0	0	0	90.01
90.02	CANCER CENTER	0	0	0	0	0	90.02
90.03	WOUND CARE	0	0	0	0	0	90.03
91.00	Emergency	0	0	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 Component CCN: 14S240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	18,395,709	0.000000	0.000000	4,949	50.00
50.01	GASTRO INTESTINAL SERVICES	0	2,645,379	0.000000	0.000000	0	50.01
51.00	Recovery Room	0	2,577,463	0.000000	0.000000	1,805	51.00
52.00	Labor Room & Delivery Room	0	0	0.000000	0.000000	0	52.00
53.00	Anesthesiology	0	3,757,868	0.000000	0.000000	53,056	53.00
54.00	Radiology - Diagnostic	0	6,538,524	0.000000	0.000000	27,413	54.00
55.00	Radiology - Therapeutic	0	0	0.000000	0.000000	0	55.00
56.00	Radioisotope	0	2,213,492	0.000000	0.000000	0	56.00
56.01	ULTRA SOUND	0	6,321,594	0.000000	0.000000	1,842	56.01
57.00	CT Scan	0	11,568,175	0.000000	0.000000	16,674	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	3,230,339	0.000000	0.000000	0	58.00
59.00	Cardiac Catheterization	0	15,420,948	0.000000	0.000000	0	59.00
60.00	Laboratory	0	31,662,625	0.000000	0.000000	484,364	60.00
60.01	Blood Laboratory	0	0	0.000000	0.000000	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0.000000	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	2,757,600	0.000000	0.000000	0	63.00
64.00	Intravenous Therapy	0	0	0.000000	0.000000	0	64.00
65.00	Respiratory Therapy	0	4,720,506	0.000000	0.000000	87,444	65.00
66.00	Physical Therapy	0	3,537,769	0.000000	0.000000	8,044	66.00
67.00	Occupational Therapy	0	2,568,599	0.000000	0.000000	1,186	67.00
68.00	Speech Pathology	0	740,746	0.000000	0.000000	1,853	68.00
69.00	Electro cardiology	0	4,678,701	0.000000	0.000000	57,612	69.00
70.00	Electroencephalography	0	130,282	0.000000	0.000000	0	70.00
71.00	Medical Supplies Charged to Patients	0	6,176,830	0.000000	0.000000	616	71.00
72.00	Implantable Devices Chrgd to Patient	0	7,745,374	0.000000	0.000000	0	72.00
73.00	Drugs Charged to Patients	0	43,060,712	0.000000	0.000000	1,292,308	73.00
74.00	RENAL DIALYSIS	0	1,811,508	0.000000	0.000000	7,583	74.00
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0.000000	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	Clinic	0	0	0.000000	0.000000	0	90.00
90.01	DIABETOLOGY	0	40,730	0.000000	0.000000	0	90.01
90.02	CANCER CENTER	0	101,827	0.000000	0.000000	0	90.02
90.03	WOUND CARE	0	33,605	0.000000	0.000000	0	90.03
91.00	Emergency	0	20,278,628	0.000000	0.000000	269,557	91.00
92.00	Observation Beds (Non-Distinct Part)	0	7,239,677	0.000000	0.000000	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0.000000	0.000000	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0.000000	0.000000	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0.000000	0.000000	0	97.00
98.00	Other Reimbursable (specify)	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	209,955,210			2,316,306	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Component CCN: 14S240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	0	0	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00	Recovery Room	0	0	0	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	0	0	0	0	0	53.00
54.00	Radiology - Diagnostic	0	3,388	0	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	0	0	0	0	56.01
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	233	0	0	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	0	0	0	0	0	65.00
66.00	Physical Therapy	0	0	0	0	0	66.00
67.00	Occupational Therapy	0	0	0	0	0	67.00
68.00	Speech Pathology	0	0	0	0	0	68.00
69.00	Electro cardiology	0	3,269	0	0	0	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	0	0	0	0	0	90.01
90.02	CANCER CENTER	0	0	0	0	0	90.02
90.03	WOUND CARE	0	0	0	0	0	90.03
91.00	Emergency	0	0	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	6,890	0	0	0	200.00

Health Financial Systems

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 Component CCN: 14S240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
	ANCILLARY SERVICE COST CENTERS			50.00
50.00	Operating Room	0	0	50.01
50.01	GASTRO INTESTINAL SERVICES	0	0	51.00
51.00	Recovery Room	0	0	52.00
52.00	Labor Room & Delivery Room	0	0	53.00
53.00	Anesthesiology	0	0	54.00
54.00	Radiology - Diagnostic	0	0	55.00
55.00	Radiology - Therapeutic	0	0	56.00
56.00	Radioisotope	0	0	56.01
56.01	ULTRA SOUND	0	0	57.00
57.00	CT Scan	0	0	58.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	59.00
59.00	Cardiac Catheterization	0	0	60.00
60.00	Laboratory	0	0	60.01
60.01	Blood Laboratory			61.00
61.00	PBP Clinical Lab. Service-Prgm. Only			62.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	63.00
63.00	Blood Storing, Processing, & Trans.	0	0	64.00
64.00	Intravenous Therapy	0	0	65.00
65.00	Respiratory Therapy	0	0	66.00
66.00	Physical Therapy	0	0	67.00
67.00	Occupational Therapy	0	0	68.00
68.00	Speech Pathology	0	0	69.00
69.00	Electro cardiology	0	0	70.00
70.00	Electroencephalography	0	0	71.00
71.00	Medical Supplies Charged to Patients	0	0	72.00
72.00	Implantable Devices Chrgd to Patient	0	0	73.00
73.00	Drugs Charged to Patients	0	0	74.00
74.00	RENAL DIALYSIS	0	0	75.00
75.00	ASC (Non-Distinct Part)			
	OUTPATIENT SERVICE COST CENTERS			88.00
88.00	RURAL HEALTH CLINIC	0	0	89.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	90.00
90.00	Clinic	0	0	90.01
90.01	DIABETOLOGY	0	0	90.02
90.02	CANCER CENTER	0	0	90.03
90.03	WOUND CARE	0	0	91.00
91.00	Emergency	0	0	92.00
92.00	Observation Beds (Non-Distinct Part)			
	OTHER REIMBURSABLE COST CENTERS			94.00
94.00	Home Program Dialysis	0	0	95.00
95.00	Ambulance Services			96.00
96.00	Durable Medical Equip. - Rented	0	0	97.00
97.00	Durable Medical Equip. - Sold	0	0	98.00
98.00	Other Reimbursable (specify)	0	0	200.00
200.00	Total (lines 50-199)	0	0	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140240 | Component CCN: 14S240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part V | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
		1.00	2.00	3.00	4.00		
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0.285792	0	0	0		50.00
50.01	GASTRO INTESTINAL SERVICES	0.173838	0	0	0		50.01
51.00	Recovery Room	0.250571	0	0	0		51.00
52.00	Labor Room & Delivery Room	0.000000	0	0	0		52.00
53.00	Anesthesiology	0.026420	0	0	0		53.00
54.00	Radiology - Diagnostic	0.331147	3,388	0	0		54.00
55.00	Radiology - Therapeutic	0.000000	0	0	0		55.00
56.00	Radioisotope	0.228492	0	0	0		56.00
56.01	ULTRA SOUND	0.119379	0	0	0		56.01
57.00	CT Scan	0.030114	0	0	0		57.00
58.00	Magnetic Resonance Imaging (MRI)	0.088511	0	0	0		58.00
59.00	Cardiac Catheterization	0.099999	0	0	0		59.00
60.00	Laboratory	0.137306	233	0	0		60.00
60.01	Blood Laboratory	0.000000	0	0	0		60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0.000000		0	0		61.00
62.00	Whole Blood & Packed Red Blood Cells	0.000000	0	0	0		62.00
63.00	Blood Storing, Processing, & Trans.	0.277805	0	0	0		63.00
64.00	Intravenous Therapy	0.000000	0	0	0		64.00
65.00	Respiratory Therapy	0.230303	0	0	0		65.00
66.00	Physical Therapy	0.458131	0	0	0		66.00
67.00	Occupational Therapy	0.248870	0	0	0		67.00
68.00	Speech Pathology	0.367372	0	0	0		68.00
69.00	Electro cardiology	0.115847	3,269	0	0		69.00
70.00	Electroencephalography	0.346594	0	0	0		70.00
71.00	Medical Supplies Charged to Patients	0.777949	0	0	0		71.00
72.00	Implantable Devices Chrgd to Patient	0.268556	0	0	0		72.00
73.00	Drugs Charged to Patients	0.126051	0	0	0		73.00
74.00	RENAL DIALYSIS	0.232028	0	0	0		74.00
75.00	ASC (Non-Distinct Part)	0.000000	0	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	Clinic	0.000000	0	0	0		90.00
90.01	DIABETOLOGY	1.701080	0	0	0		90.01
90.02	CANCER CENTER	0.054131	0	0	0		90.02
90.03	WOUND CARE	20.654843	0	0	0		90.03
91.00	Emergency	0.152551	0	0	0		91.00
92.00	Observation Beds (Non-Distinct Part)	0.354574	0	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0.000000		0			94.00
95.00	Ambulance Services	0.000000		0			95.00
96.00	Durable Medical Equip. - Rented	0.000000	0	0	0		96.00
97.00	Durable Medical Equip. - Sold	0.000000	0	0	0		97.00
98.00	Other Reimbursable (specify)	0.000000	0	0	0		98.00
200.00	Subtotal (see instructions)		6,890	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)		6,890	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140240	Period: From 08/01/2010	Worksheet D
Component CCN: 14S240	To 06/30/2011	Part V
		Date/Time Prepared: 1/27/2012 10:58 am
Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Costs PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	Operating Room	0	0	0		50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	0		50.01
51.00	Recovery Room	0	0	0		51.00
52.00	Labor Room & Delivery Room	0	0	0		52.00
53.00	Anesthesiology	0	0	0		53.00
54.00	Radiology - Diagnostic	1,122	0	0		54.00
55.00	Radiology - Therapeutic	0	0	0		55.00
56.00	Radioisotope	0	0	0		56.00
56.01	ULTRA SOUND	0	0	0		56.01
57.00	CT Scan	0	0	0		57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0		58.00
59.00	Cardiac Catheterization	0	0	0		59.00
60.00	Laboratory	32	0	0		60.00
60.01	Blood Laboratory	0	0	0		60.01
61.00	PBP Clinical Lab. Service-Prgm. Only		0			61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0		62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0		63.00
64.00	Intravenous Therapy	0	0	0		64.00
65.00	Respiratory Therapy	0	0	0		65.00
66.00	Physical Therapy	0	0	0		66.00
67.00	Occupational Therapy	0	0	0		67.00
68.00	Speech Pathology	0	0	0		68.00
69.00	Electro cardiology	379	0	0		69.00
70.00	Electroencephalography	0	0	0		70.00
71.00	Medical Supplies Charged to Patients	0	0	0		71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0		72.00
73.00	Drugs Charged to Patients	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (Non-Distinct Part)	0	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	Clinic	0	0	0		90.00
90.01	DIABETOLOGY	0	0	0		90.01
90.02	CANCER CENTER	0	0	0		90.02
90.03	WOUND CARE	0	0	0		90.03
91.00	Emergency	0	0	0		91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	Home Program Dialysis		0	0		94.00
95.00	Ambulance Services		0			95.00
96.00	Durable Medical Equip. - Rented	0	0	0		96.00
97.00	Durable Medical Equip. - Sold	0	0	0		97.00
98.00	Other Reimbursable (specify)	0	0	0		98.00
200.00	Subtotal (see instructions)	1,533	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)	1,533	0	0		202.00

Health Financial Systems

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140240 | Component CCN: 14T240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part II | Date/Time Prepared: 1/27/2012 10:58 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	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	325,893	18,395,709	0.017716	16,937	300	50.00
50.01	GASTRO INTESTINAL SERVICES	45,499	2,645,379	0.017199	0	0	50.01
51.00	Recovery Room	36,793	2,577,463	0.014275	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0.000000	0	0	52.00
53.00	Anesthesiology	10,620	3,757,868	0.002826	2,207	6	53.00
54.00	Radiology - Diagnostic	248,947	6,538,524	0.038074	12,267	467	54.00
55.00	Radiology - Therapeutic	0	0	0.000000	0	0	55.00
56.00	Radioisotope	20,570	2,213,492	0.009293	1,809	17	56.00
56.01	ULTRA SOUND	19,342	6,321,594	0.003060	965	3	56.01
57.00	CT Scan	23,584	11,568,175	0.002039	8,855	18	57.00
58.00	Magnetic Resonance Imaging (MRI)	19,362	3,230,339	0.005994	0	0	58.00
59.00	Cardiac Catheterization	91,411	15,420,948	0.005928	0	0	59.00
60.00	Laboratory	182,716	31,662,625	0.005771	271,761	1,568	60.00
60.01	Blood Laboratory	0	0	0.000000	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	10,973	2,757,600	0.003979	5,950	24	63.00
64.00	Intravenous Therapy	0	0	0.000000	0	0	64.00
65.00	Respiratory Therapy	21,696	4,720,506	0.004596	121,242	557	65.00
66.00	Physical Therapy	142,412	3,537,769	0.040255	678,899	27,329	66.00
67.00	Occupational Therapy	4,836	2,568,599	0.001883	658,704	1,240	67.00
68.00	Speech Pathology	12,244	740,746	0.016529	96,054	1,588	68.00
69.00	Electro cardiology	50,388	4,678,701	0.010770	6,145	66	69.00
70.00	Electroencephalography	289	130,282	0.002218	0	0	70.00
71.00	Medical Supplies Charged to Patients	73,679	6,176,830	0.011928	42,101	502	71.00
72.00	Implantable Devices Chrgd to Patient	12,653	7,745,374	0.001634	3,913	6	72.00
73.00	Drugs Charged to Patients	87,134	43,060,712	0.002024	825,748	1,671	73.00
74.00	RENAL DIALYSIS	2,624	1,811,508	0.001449	61,869	90	74.00
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	Clinic	0	0	0.000000	0	0	90.00
90.01	DIABETOLOGY	518	40,730	0.012718	0	0	90.01
90.02	CANCER CENTER	60	101,827	0.000589	0	0	90.02
90.03	WOUND CARE	249,010	33,605	7.409909	0	0	90.03
91.00	Emergency	31,038	20,278,628	0.001531	2,437	4	91.00
92.00	Observation Beds (Non-Distinct Part)	192,348	7,239,677	0.026569	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0.000000	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0.000000	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0.000000	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	1,916,639	209,955,210		2,817,863	35,456	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Component CCN: 14T240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV | Date/Time Prepared: 1/27/2012 10:58 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	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	0	0	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00	Recovery Room	0	0	0	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	0	0	0	0	0	53.00
54.00	Radiology - Diagnostic	0	0	0	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	0	0	0	0	56.01
57.00	CT Scan	0	0	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	Laboratory	0	0	0	0	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	0	0	0	0	0	65.00
66.00	Physical Therapy	0	0	0	0	0	66.00
67.00	Occupational Therapy	0	0	0	0	0	67.00
68.00	Speech Pathology	0	0	0	0	0	68.00
69.00	Electro cardiology	0	0	0	0	0	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	0	0	0	0	0	90.01
90.02	CANCER CENTER	0	0	0	0	0	90.02
90.03	WOUND CARE	0	0	0	0	0	90.03
91.00	Emergency	0	0	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 Component CCN: 14T240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:58 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	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	18,395,709	0.000000	0.000000	16,937	50.00
50.01	GASTRO INTESTINAL SERVICES	0	2,645,379	0.000000	0.000000	0	50.01
51.00	Recovery Room	0	2,577,463	0.000000	0.000000	0	51.00
52.00	Labor Room & Delivery Room	0	0	0.000000	0.000000	0	52.00
53.00	Anesthesiology	0	3,757,868	0.000000	0.000000	2,207	53.00
54.00	Radiology - Diagnostic	0	6,538,524	0.000000	0.000000	12,267	54.00
55.00	Radiology - Therapeutic	0	0	0.000000	0.000000	0	55.00
56.00	Radioisotope	0	2,213,492	0.000000	0.000000	1,809	56.00
56.01	ULTRA SOUND	0	6,321,594	0.000000	0.000000	965	56.01
57.00	CT Scan	0	11,568,175	0.000000	0.000000	8,855	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	3,230,339	0.000000	0.000000	0	58.00
59.00	Cardiac Catheterization	0	15,420,948	0.000000	0.000000	0	59.00
60.00	Laboratory	0	31,662,625	0.000000	0.000000	271,761	60.00
60.01	Blood Laboratory	0	0	0.000000	0.000000	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0.000000	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	2,757,600	0.000000	0.000000	5,950	63.00
64.00	Intravenous Therapy	0	0	0.000000	0.000000	0	64.00
65.00	Respiratory Therapy	0	4,720,506	0.000000	0.000000	121,242	65.00
66.00	Physical Therapy	0	3,537,769	0.000000	0.000000	678,899	66.00
67.00	Occupational Therapy	0	2,568,599	0.000000	0.000000	658,704	67.00
68.00	Speech Pathology	0	740,746	0.000000	0.000000	96,054	68.00
69.00	Electro cardiology	0	4,678,701	0.000000	0.000000	6,145	69.00
70.00	Electroencephalography	0	130,282	0.000000	0.000000	0	70.00
71.00	Medical Supplies Charged to Patients	0	6,176,830	0.000000	0.000000	42,101	71.00
72.00	Implantable Devices Chrgd to Patient	0	7,745,374	0.000000	0.000000	3,913	72.00
73.00	Drugs Charged to Patients	0	43,060,712	0.000000	0.000000	825,748	73.00
74.00	RENAL DIALYSIS	0	1,811,508	0.000000	0.000000	61,869	74.00
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0.000000	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	Clinic	0	0	0.000000	0.000000	0	90.00
90.01	DIABETOLOGY	0	40,730	0.000000	0.000000	0	90.01
90.02	CANCER CENTER	0	101,827	0.000000	0.000000	0	90.02
90.03	WOUND CARE	0	33,605	0.000000	0.000000	0	90.03
91.00	Emergency	0	20,278,628	0.000000	0.000000	2,437	91.00
92.00	Observation Beds (Non-Distinct Part)	0	7,239,677	0.000000	0.000000	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0.000000	0.000000	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0.000000	0.000000	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0.000000	0.000000	0	97.00
98.00	Other Reimbursable (specify)	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	209,955,210			2,817,863	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Component CCN: 14T240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV | Date/Time Prepared: 1/27/2012 10:58 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	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	0	0	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00	Recovery Room	0	0	0	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	0	1,307	0	0	0	53.00
54.00	Radiology - Diagnostic	0	1,153	0	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	0	0	0	0	56.01
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	275	0	0	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	0	0	0	0	0	65.00
66.00	Physical Therapy	0	0	0	0	0	66.00
67.00	Occupational Therapy	0	0	0	0	0	67.00
68.00	Speech Pathology	0	0	0	0	0	68.00
69.00	Electro cardiology	0	205	0	0	0	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	0	0	0	0	0	90.01
90.02	CANCER CENTER	0	0	0	0	0	90.02
90.03	WOUND CARE	0	0	0	0	0	90.03
91.00	Emergency	0	0	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	2,940	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Component CCN: 14T240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
	ANCILLARY SERVICE COST CENTERS			50.00
50.00	Operating Room	0	0	50.01
50.01	GASTRO INTESTINAL SERVICES	0	0	51.00
51.00	Recovery Room	0	0	52.00
52.00	Labor Room & Delivery Room	0	0	53.00
53.00	Anesthesiology	0	0	54.00
54.00	Radiology - Diagnostic	0	0	55.00
55.00	Radiology - Therapeutic	0	0	56.00
56.00	Radioisotope	0	0	56.01
56.01	ULTRA SOUND	0	0	57.00
57.00	CT Scan	0	0	58.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	59.00
59.00	Cardiac Catheterization	0	0	60.00
60.00	Laboratory	0	0	60.01
60.01	Blood Laboratory			61.00
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	62.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	63.00
63.00	Blood Storing, Processing, & Trans.	0	0	64.00
64.00	Intravenous Therapy	0	0	65.00
65.00	Respiratory Therapy	0	0	66.00
66.00	Physical Therapy	0	0	67.00
67.00	Occupational Therapy	0	0	68.00
68.00	Speech Pathology	0	0	69.00
69.00	Electro cardiology	0	0	70.00
70.00	Electroencephalography	0	0	71.00
71.00	Medical Supplies Charged to Patients	0	0	72.00
72.00	Implantable Devices Chrgd to Patient	0	0	73.00
73.00	Drugs Charged to Patients	0	0	74.00
74.00	RENAL DIALYSIS	0	0	75.00
75.00	ASC (Non-Distinct Part)			88.00
	OUTPATIENT SERVICE COST CENTERS	0	0	89.00
88.00	RURAL HEALTH CLINIC	0	0	90.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	90.01
90.00	Clinic	0	0	90.02
90.01	DIABETOLOGY	0	0	90.03
90.02	CANCER CENTER	0	0	91.00
90.03	WOUND CARE	0	0	92.00
91.00	Emergency	0	0	
92.00	Observation Beds (Non-Distinct Part)			94.00
	OTHER REIMBURSABLE COST CENTERS	0	0	95.00
94.00	Home Program Dialysis	0	0	96.00
95.00	Ambulance Services	0	0	97.00
96.00	Durable Medical Equip. - Rented	0	0	98.00
97.00	Durable Medical Equip. - Sold	0	0	200.00
98.00	Other Reimbursable (specify)	0	0	
200.00	Total (lines 50-199)			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140240 | Component CCN: 14T240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part V | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
		1.00	2.00	3.00	4.00		
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0.285792	0	0	0		50.00
50.01	GASTRO INTESTINAL SERVICES	0.173838	0	0	0		50.01
51.00	Recovery Room	0.250571	0	0	0		51.00
52.00	Labor Room & Delivery Room	0.000000	0	0	0		52.00
53.00	Anesthesiology	0.026420	1,307	0	0		53.00
54.00	Radiology - Diagnostic	0.331147	1,153	0	0		54.00
55.00	Radiology - Therapeutic	0.000000	0	0	0		55.00
56.00	Radioisotope	0.228492	0	0	0		56.00
56.01	ULTRA SOUND	0.119379	0	0	0		56.01
57.00	CT Scan	0.030114	0	0	0		57.00
58.00	Magnetic Resonance Imaging (MRI)	0.088511	0	0	0		58.00
59.00	Cardiac Catheterization	0.099999	0	0	0		59.00
60.00	Laboratory	0.137306	275	0	0		60.00
60.01	Blood Laboratory	0.000000	0	0	0		60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0.000000		0	0		61.00
62.00	Whole Blood & Packed Red Blood Cells	0.000000	0	0	0		62.00
63.00	Blood Storing, Processing, & Trans.	0.277805	0	0	0		63.00
64.00	Intravenous Therapy	0.000000	0	0	0		64.00
65.00	Respiratory Therapy	0.230303	0	0	0		65.00
66.00	Physical Therapy	0.458131	0	0	0		66.00
67.00	Occupational Therapy	0.248870	0	0	0		67.00
68.00	Speech Pathology	0.367372	0	0	0		68.00
69.00	Electro cardiology	0.115847	205	0	0		69.00
70.00	Electroencephalography	0.346594	0	0	0		70.00
71.00	Medical Supplies Charged to Patients	0.777949	0	0	0		71.00
72.00	Implantable Devices Chrgd to Patient	0.268556	0	0	0		72.00
73.00	Drugs Charged to Patients	0.126051	0	0	0		73.00
74.00	RENAL DIALYSIS	0.232028	0	0	0		74.00
75.00	ASC (Non-Distinct Part)	0.000000	0	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	Clinic	0.000000	0	0	0		90.00
90.01	DIABETOLOGY	1.701080	0	0	0		90.01
90.02	CANCER CENTER	0.054131	0	0	0		90.02
90.03	WOUND CARE	20.654843	0	0	0		90.03
91.00	Emergency	0.152551	0	0	0		91.00
92.00	Observation Beds (Non-Distinct Part)	0.354574	0	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0.000000		0			94.00
95.00	Ambulance Services	0.000000		0			95.00
96.00	Durable Medical Equip. - Rented	0.000000	0	0	0		96.00
97.00	Durable Medical Equip. - Sold	0.000000	0	0	0		97.00
98.00	Other Reimbursable (specify)	0.000000	0	0	0		98.00
200.00	Subtotal (see instructions)		2,940	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)		2,940	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140240 Component CCN: 14T240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Costs PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	Operating Room	0	0	0		50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	0		50.01
51.00	Recovery Room	0	0	0		51.00
52.00	Labor Room & Delivery Room	0	0	0		52.00
53.00	Anesthesiology	35	0	0		53.00
54.00	Radiology - Diagnostic	382	0	0		54.00
55.00	Radiology - Therapeutic	0	0	0		55.00
56.00	Radioisotope	0	0	0		56.00
56.01	ULTRA SOUND	0	0	0		56.01
57.00	CT Scan	0	0	0		57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0		58.00
59.00	Cardiac Catheterization	0	0	0		59.00
60.00	Laboratory	38	0	0		60.00
60.01	Blood Laboratory	0	0	0		60.01
61.00	PBP Clinical Lab. Service-Prgm. Only		0			61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0		62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0		63.00
64.00	Intravenous Therapy	0	0	0		64.00
65.00	Respiratory Therapy	0	0	0		65.00
66.00	Physical Therapy	0	0	0		66.00
67.00	Occupational Therapy	0	0	0		67.00
68.00	Speech Pathology	0	0	0		68.00
69.00	Electro cardiology	24	0	0		69.00
70.00	Electroencephalography	0	0	0		70.00
71.00	Medical Supplies Charged to Patients	0	0	0		71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0		72.00
73.00	Drugs Charged to Patients	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (Non-Distinct Part)	0	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	Clinic	0	0	0		90.00
90.01	DIABETOLOGY	0	0	0		90.01
90.02	CANCER CENTER	0	0	0		90.02
90.03	WOUND CARE	0	0	0		90.03
91.00	Emergency	0	0	0		91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	Home Program Dialysis		0	0		94.00
95.00	Ambulance Services		0			95.00
96.00	Durable Medical Equip. - Rented	0	0	0		96.00
97.00	Durable Medical Equip. - Sold	0	0	0		97.00
98.00	Other Reimbursable (specify)	0	0	0		98.00
200.00	Subtotal (see instructions)	479	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)	479	0	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part I Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

	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)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	1,109,104	0	1,109,104	20,666	53.67	30.00
31.00	Intensive Care Unit	188,994		188,994	2,195	86.10	31.00
32.00	Coronary Care Unit	0		0	0	0.00	32.00
33.00	Burn Intensive Care Unit	0		0	0	0.00	33.00
34.00	Surgical Intensive Care Unit	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	368,742	0	368,742	9,026	40.85	40.00
41.00	SUBPROVIDER - IRF	310,635	0	310,635	2,383	130.35	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	Nursery	16,584		16,584	3,643	4.55	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	1,994,059		1,994,059	37,913		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part I Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	Adults & Pediatrics	7,873	422,544	30.00
31.00	Intensive Care Unit	0	0	31.00
32.00	Coronary Care Unit	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	514	67,000	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	Nursery	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	8,387	489,544	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part II Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	325,893	18,395,709	0.017716	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	45,499	2,645,379	0.017199	0	0	50.01
51.00	Recovery Room	36,793	2,577,463	0.014275	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0.000000	0	0	52.00
53.00	Anesthesiology	10,620	3,757,868	0.002826	0	0	53.00
54.00	Radiology - Diagnostic	248,947	6,538,524	0.038074	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0.000000	0	0	55.00
56.00	Radioisotope	20,570	2,213,492	0.009293	0	0	56.00
56.01	ULTRA SOUND	19,342	6,321,594	0.003060	0	0	56.01
57.00	CT Scan	23,584	11,568,175	0.002039	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	19,362	3,230,339	0.005994	0	0	58.00
59.00	Cardiac Catheterization	91,411	15,420,948	0.005928	0	0	59.00
60.00	Laboratory	182,716	31,662,625	0.005771	0	0	60.00
60.01	Blood Laboratory	0	0	0.000000	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	10,973	2,757,600	0.003979	0	0	63.00
64.00	Intravenous Therapy	0	0	0.000000	0	0	64.00
65.00	Respiratory Therapy	21,696	4,720,506	0.004596	0	0	65.00
66.00	Physical Therapy	142,412	3,537,769	0.040255	0	0	66.00
67.00	Occupational Therapy	4,836	2,568,599	0.001883	0	0	67.00
68.00	Speech Pathology	12,244	740,746	0.016529	0	0	68.00
69.00	Electro cardiology	50,388	4,678,701	0.010770	0	0	69.00
70.00	Electroencephalography	289	130,282	0.002218	0	0	70.00
71.00	Medical Supplies Charged to Patients	73,679	6,176,830	0.011928	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	12,653	7,745,374	0.001634	0	0	72.00
73.00	Drugs Charged to Patients	87,134	43,060,712	0.002024	0	0	73.00
74.00	RENAL DIALYSIS	2,624	1,811,508	0.001449	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	Clinic	0	0	0.000000	0	0	90.00
90.01	DIABETOLOGY	518	40,730	0.012718	0	0	90.01
90.02	CANCER CENTER	60	101,827	0.000589	0	0	90.02
90.03	WOUND CARE	249,010	33,605	7.409909	0	0	90.03
91.00	Emergency	31,038	20,278,628	0.001531	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	7,239,677	0.000000	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0.000000	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0.000000	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0.000000	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	1,724,291	209,955,210		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part III Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	0	0	0	0	0	30.00
31.00	Intensive Care Unit	0	0	0		0	31.00
32.00	Coronary Care Unit	0	0	0		0	32.00
33.00	Burn Intensive Care Unit	0	0	0		0	33.00
34.00	Surgical Intensive Care Unit	0	0	0		0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	Nursery	0	0	0		0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	NURSING FACILITY	0	0	0		0	45.00
200.00	Total (lines 30-199)	0	0	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part III Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	20,666	0.00	7,873	0	0	30.00
31.00	Intensive Care Unit	2,195	0.00	0	0	0	31.00
32.00	Coronary Care Unit	0	0.00	0	0	0	32.00
33.00	Burn Intensive Care Unit	0	0.00	0	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0.00	0	0	0	34.00
40.00	SUBPROVIDER - IPF	9,026	0.00	0	0	0	40.00
41.00	SUBPROVIDER - IRF	2,383	0.00	514	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	Nursery	3,643	0.00	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00	Total (lines 30-199)	37,913		8,387	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part III Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

	Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
		12.00	13.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	Adults & Pediatrics	0	0	30.00
31.00	Intensive Care Unit	0	0	31.00
32.00	Coronary Care Unit	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	Nursery	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	0	0	200.00

Health Financial Systems

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV | Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	0	0	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00	Recovery Room	0	0	0	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	0	0	0	0	0	53.00
54.00	Radiology - Diagnostic	0	0	0	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	0	0	0	0	56.01
57.00	CT Scan	0	0	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	Laboratory	0	0	0	0	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	0	0	0	0	0	65.00
66.00	Physical Therapy	0	0	0	0	0	66.00
67.00	Occupational Therapy	0	0	0	0	0	67.00
68.00	Speech Pathology	0	0	0	0	0	68.00
69.00	Electro cardiology	0	0	0	0	0	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	0	0	0	0	0	90.01
90.02	CANCER CENTER	0	0	0	0	0	90.02
90.03	WOUND CARE	0	0	0	0	0	90.03
91.00	Emergency	0	0	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV | Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	18,395,709	0.000000	0.000000	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	2,645,379	0.000000	0.000000	0	50.01
51.00	Recovery Room	0	2,577,463	0.000000	0.000000	0	51.00
52.00	Labor Room & Delivery Room	0	0	0.000000	0.000000	0	52.00
53.00	Anesthesiology	0	3,757,868	0.000000	0.000000	0	53.00
54.00	Radiology - Diagnostic	0	6,538,524	0.000000	0.000000	0	54.00
55.00	Radiology - Therapeutic	0	0	0.000000	0.000000	0	55.00
56.00	Radioisotope	0	2,213,492	0.000000	0.000000	0	56.00
56.01	ULTRA SOUND	0	6,321,594	0.000000	0.000000	0	56.01
57.00	CT Scan	0	11,568,175	0.000000	0.000000	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	3,230,339	0.000000	0.000000	0	58.00
59.00	Cardiac Catheterization	0	15,420,948	0.000000	0.000000	0	59.00
60.00	Laboratory	0	31,662,625	0.000000	0.000000	0	60.00
60.01	Blood Laboratory	0	0	0.000000	0.000000	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0.000000	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	2,757,600	0.000000	0.000000	0	63.00
64.00	Intravenous Therapy	0	0	0.000000	0.000000	0	64.00
65.00	Respiratory Therapy	0	4,720,506	0.000000	0.000000	0	65.00
66.00	Physical Therapy	0	3,537,769	0.000000	0.000000	0	66.00
67.00	Occupational Therapy	0	2,568,599	0.000000	0.000000	0	67.00
68.00	Speech Pathology	0	740,746	0.000000	0.000000	0	68.00
69.00	Electro cardiology	0	4,678,701	0.000000	0.000000	0	69.00
70.00	Electroencephalography	0	130,282	0.000000	0.000000	0	70.00
71.00	Medical Supplies Charged to Patients	0	6,176,830	0.000000	0.000000	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	7,745,374	0.000000	0.000000	0	72.00
73.00	Drugs Charged to Patients	0	43,060,712	0.000000	0.000000	0	73.00
74.00	RENAL DIALYSIS	0	1,811,508	0.000000	0.000000	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0.000000	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	Clinic	0	0	0.000000	0.000000	0	90.00
90.01	DIABETOLOGY	0	40,730	0.000000	0.000000	0	90.01
90.02	CANCER CENTER	0	101,827	0.000000	0.000000	0	90.02
90.03	WOUND CARE	0	33,605	0.000000	0.000000	0	90.03
91.00	Emergency	0	20,278,628	0.000000	0.000000	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	7,239,677	0.000000	0.000000	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0.000000	0.000000	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0.000000	0.000000	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0.000000	0.000000	0	97.00
98.00	Other Reimbursable (specify)	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	209,955,210			0	200.00

Health Financial Systems

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV | Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						50.00
50.00	Operating Room	0	0	0	0	0	50.01
50.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	51.00
51.00	Recovery Room	0	0	0	0	0	52.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	53.00
53.00	Anesthesiology	0	0	0	0	0	54.00
54.00	Radiology - Diagnostic	0	0	0	0	0	55.00
55.00	Radiology - Therapeutic	0	0	0	0	0	56.00
56.00	Radioisotope	0	0	0	0	0	56.01
56.01	ULTRA SOUND	0	0	0	0	0	57.00
57.00	CT Scan	0	0	0	0	0	58.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	59.00
59.00	Cardiac Catheterization	0	0	0	0	0	60.00
60.00	Laboratory	0	0	0	0	0	60.01
60.01	Blood Laboratory						61.00
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	0	0	0	62.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	63.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	64.00
64.00	Intravenous Therapy	0	0	0	0	0	65.00
65.00	Respiratory Therapy	0	0	0	0	0	66.00
66.00	Physical Therapy	0	0	0	0	0	67.00
67.00	Occupational Therapy	0	0	0	0	0	68.00
68.00	Speech Pathology	0	0	0	0	0	69.00
69.00	Electro cardiology	0	0	0	0	0	70.00
70.00	Electroencephalography	0	0	0	0	0	71.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	72.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	73.00
73.00	Drugs Charged to Patients	0	0	0	0	0	74.00
74.00	RENAL DIALYSIS	0	0	0	0	0	75.00
75.00	ASC (Non-Distinct Part)						
	OUTPATIENT SERVICE COST CENTERS						88.00
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	89.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	90.00
90.00	Clinic	0	0	0	0	0	90.01
90.01	DIABETOLOGY	0	0	0	0	0	90.02
90.02	CANCER CENTER	0	0	0	0	0	90.03
90.03	WOUND CARE	0	0	0	0	0	91.00
91.00	Emergency	0	0	0	0	0	92.00
92.00	Observation Beds (Non-Distinct Part)						
	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	94.00
94.00	Home Program Dialysis						95.00
95.00	Ambulance Services	0	0	0	0	0	96.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	97.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	98.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	200.00
200.00	Total (lines 50-199)						

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV | Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
	ANCILLARY SERVICE COST CENTERS			50.00
50.00	Operating Room	0	0	50.01
50.01	GASTRO INTESTINAL SERVICES	0	0	51.00
51.00	Recovery Room	0	0	52.00
52.00	Labor Room & Delivery Room	0	0	53.00
53.00	Anesthesiology	0	0	54.00
54.00	Radiology - Diagnostic	0	0	55.00
55.00	Radiology - Therapeutic	0	0	56.00
56.00	Radioisotope	0	0	56.01
56.01	ULTRA SOUND	0	0	57.00
57.00	CT Scan	0	0	58.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	59.00
59.00	Cardiac Catheterization	0	0	60.00
60.00	Laboratory	0	0	60.01
60.01	Blood Laboratory			61.00
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	62.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	63.00
63.00	Blood Storing, Processing, & Trans.	0	0	64.00
64.00	Intravenous Therapy	0	0	65.00
65.00	Respiratory Therapy	0	0	66.00
66.00	Physical Therapy	0	0	67.00
67.00	Occupational Therapy	0	0	68.00
68.00	Speech Pathology	0	0	69.00
69.00	Electro cardiology	0	0	70.00
70.00	Electroencephalography	0	0	71.00
71.00	Medical Supplies Charged to Patients	0	0	72.00
72.00	Implantable Devices Chrgd to Patient	0	0	73.00
73.00	Drugs Charged to Patients	0	0	74.00
74.00	RENAL DIALYSIS	0	0	75.00
75.00	ASC (Non-Distinct Part)			
	OUTPATIENT SERVICE COST CENTERS			88.00
88.00	RURAL HEALTH CLINIC	0	0	89.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	90.00
90.00	Clinic	0	0	90.01
90.01	DIABETOLOGY	0	0	90.02
90.02	CANCER CENTER	0	0	90.03
90.03	WOUND CARE	0	0	91.00
91.00	Emergency	0	0	92.00
92.00	Observation Beds (Non-Distinct Part)			
	OTHER REIMBURSABLE COST CENTERS			94.00
94.00	Home Program Dialysis	0	0	95.00
95.00	Ambulance Services			96.00
96.00	Durable Medical Equip. - Rented	0	0	97.00
97.00	Durable Medical Equip. - Sold	0	0	98.00
98.00	Other Reimbursable (specify)	0	0	200.00
200.00	Total (lines 50-199)	0	0	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part II | Date/Time Prepared: 1/27/2012 10:58 am

Component CCN: 14S240 | Title XIX | Subprovider - IPF | Cost

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	325,893	18,395,709	0.017716	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	45,499	2,645,379	0.017199	0	0	50.01
51.00	Recovery Room	36,793	2,577,463	0.014275	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0.000000	0	0	52.00
53.00	Anesthesiology	10,620	3,757,868	0.002826	0	0	53.00
54.00	Radiology - Diagnostic	248,947	6,538,524	0.038074	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0.000000	0	0	55.00
56.00	Radioisotope	20,570	2,213,492	0.009293	0	0	56.00
56.01	ULTRA SOUND	19,342	6,321,594	0.003060	0	0	56.01
57.00	CT Scan	23,584	11,568,175	0.002039	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	19,362	3,230,339	0.005994	0	0	58.00
59.00	Cardiac Catheterization	91,411	15,420,948	0.005928	0	0	59.00
60.00	Laboratory	182,716	31,662,625	0.005771	0	0	60.00
60.01	Blood Laboratory	0	0	0.000000	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	10,973	2,757,600	0.003979	0	0	63.00
64.00	Intravenous Therapy	0	0	0.000000	0	0	64.00
65.00	Respiratory Therapy	21,696	4,720,506	0.004596	0	0	65.00
66.00	Physical Therapy	142,412	3,537,769	0.040255	0	0	66.00
67.00	Occupational Therapy	4,836	2,568,599	0.001883	0	0	67.00
68.00	Speech Pathology	12,244	740,746	0.016529	0	0	68.00
69.00	Electro cardiology	50,388	4,678,701	0.010770	0	0	69.00
70.00	Electroencephalography	289	130,282	0.002218	0	0	70.00
71.00	Medical Supplies Charged to Patients	73,679	6,176,830	0.011928	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	12,653	7,745,374	0.001634	0	0	72.00
73.00	Drugs Charged to Patients	87,134	43,060,712	0.002024	0	0	73.00
74.00	RENAL DIALYSIS	2,624	1,811,508	0.001449	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	Clinic	0	0	0.000000	0	0	90.00
90.01	DIABETOLOGY	518	40,730	0.012718	0	0	90.01
90.02	CANCER CENTER	60	101,827	0.000589	0	0	90.02
90.03	WOUND CARE	249,010	33,605	7.409909	0	0	90.03
91.00	Emergency	31,038	20,278,628	0.001531	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	7,239,677	0.000000	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0.000000	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0.000000	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0.000000	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	1,724,291	209,955,210		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 Component CCN: 14S240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Subprovider - IPF | Cost

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	0	0	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00	Recovery Room	0	0	0	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	0	0	0	0	0	53.00
54.00	Radiology - Diagnostic	0	0	0	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	0	0	0	0	56.01
57.00	CT Scan	0	0	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	Laboratory	0	0	0	0	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	0	0	0	0	0	65.00
66.00	Physical Therapy	0	0	0	0	0	66.00
67.00	Occupational Therapy	0	0	0	0	0	67.00
68.00	Speech Pathology	0	0	0	0	0	68.00
69.00	Electro cardiology	0	0	0	0	0	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	0	0	0	0	0	90.01
90.02	CANCER CENTER	0	0	0	0	0	90.02
90.03	WOUND CARE	0	0	0	0	0	90.03
91.00	Emergency	0	0	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Component CCN: 14S240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV | Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Subprovider - IPF | Cost

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	18,395,709	0.000000	0.000000	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	2,645,379	0.000000	0.000000	0	50.01
51.00	Recovery Room	0	2,577,463	0.000000	0.000000	0	51.00
52.00	Labor Room & Delivery Room	0	0	0.000000	0.000000	0	52.00
53.00	Anesthesiology	0	3,757,868	0.000000	0.000000	0	53.00
54.00	Radiology - Diagnostic	0	6,538,524	0.000000	0.000000	0	54.00
55.00	Radiology - Therapeutic	0	0	0.000000	0.000000	0	55.00
56.00	Radioisotope	0	2,213,492	0.000000	0.000000	0	56.00
56.01	ULTRA SOUND	0	6,321,594	0.000000	0.000000	0	56.01
57.00	CT Scan	0	11,568,175	0.000000	0.000000	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	3,230,339	0.000000	0.000000	0	58.00
59.00	Cardiac Catheterization	0	15,420,948	0.000000	0.000000	0	59.00
60.00	Laboratory	0	31,662,625	0.000000	0.000000	0	60.00
60.01	Blood Laboratory	0	0	0.000000	0.000000	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0.000000	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	2,757,600	0.000000	0.000000	0	63.00
64.00	Intravenous Therapy	0	0	0.000000	0.000000	0	64.00
65.00	Respiratory Therapy	0	4,720,506	0.000000	0.000000	0	65.00
66.00	Physical Therapy	0	3,537,769	0.000000	0.000000	0	66.00
67.00	Occupational Therapy	0	2,568,599	0.000000	0.000000	0	67.00
68.00	Speech Pathology	0	740,746	0.000000	0.000000	0	68.00
69.00	Electro cardiology	0	4,678,701	0.000000	0.000000	0	69.00
70.00	Electroencephalography	0	130,282	0.000000	0.000000	0	70.00
71.00	Medical Supplies Charged to Patients	0	6,176,830	0.000000	0.000000	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	7,745,374	0.000000	0.000000	0	72.00
73.00	Drugs Charged to Patients	0	43,060,712	0.000000	0.000000	0	73.00
74.00	RENAL DIALYSIS	0	1,811,508	0.000000	0.000000	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0.000000	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	Clinic	0	0	0.000000	0.000000	0	90.00
90.01	DIABETOLOGY	0	40,730	0.000000	0.000000	0	90.01
90.02	CANCER CENTER	0	101,827	0.000000	0.000000	0	90.02
90.03	WOUND CARE	0	33,605	0.000000	0.000000	0	90.03
91.00	Emergency	0	20,278,628	0.000000	0.000000	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	7,239,677	0.000000	0.000000	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0.000000	0.000000	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0.000000	0.000000	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0.000000	0.000000	0	97.00
98.00	Other Reimbursable (specify)	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	209,955,210			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Component CCN: 14S240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV | Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Subprovider - IPF | Cost

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	0	0	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00	Recovery Room	0	0	0	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	0	0	0	0	0	53.00
54.00	Radiology - Diagnostic	0	0	0	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	0	0	0	0	56.01
57.00	CT Scan	0	0	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	Laboratory	0	0	0	0	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	0	0	0	0	0	65.00
66.00	Physical Therapy	0	0	0	0	0	66.00
67.00	Occupational Therapy	0	0	0	0	0	67.00
68.00	Speech Pathology	0	0	0	0	0	68.00
69.00	Electro cardiology	0	0	0	0	0	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	0	0	0	0	0	90.01
90.02	CANCER CENTER	0	0	0	0	0	90.02
90.03	WOUND CARE	0	0	0	0	0	90.03
91.00	Emergency	0	0	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Component CCN: 14S240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV | Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Subprovider - IPF | Cost

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
	ANCILLARY SERVICE COST CENTERS			
50.00	Operating Room	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	50.01
51.00	Recovery Room	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	52.00
53.00	Anesthesiology	0	0	53.00
54.00	Radiology - Diagnostic	0	0	54.00
55.00	Radiology - Therapeutic	0	0	55.00
56.00	Radioisotope	0	0	56.00
56.01	ULTRA SOUND	0	0	56.01
57.00	CT Scan	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	Cardiac Catheterization	0	0	59.00
60.00	Laboratory	0	0	60.00
60.01	Blood Laboratory	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only			61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	63.00
64.00	Intravenous Therapy	0	0	64.00
65.00	Respiratory Therapy	0	0	65.00
66.00	Physical Therapy	0	0	66.00
67.00	Occupational Therapy	0	0	67.00
68.00	Speech Pathology	0	0	68.00
69.00	Electro cardiology	0	0	69.00
70.00	Electroencephalography	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	72.00
73.00	Drugs Charged to Patients	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	Clinic	0	0	90.00
90.01	DIABETOLOGY	0	0	90.01
90.02	CANCER CENTER	0	0	90.02
90.03	WOUND CARE	0	0	90.03
91.00	Emergency	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis	0	0	94.00
95.00	Ambulance Services			95.00
96.00	Durable Medical Equip. - Rented	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	98.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140240 | Component CCN: 14T240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part II | Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	325,893	18,395,709	0.017716	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	45,499	2,645,379	0.017199	0	0	50.01
51.00	Recovery Room	36,793	2,577,463	0.014275	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0.000000	0	0	52.00
53.00	Anesthesiology	10,620	3,757,868	0.002826	0	0	53.00
54.00	Radiology - Diagnostic	248,947	6,538,524	0.038074	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0.000000	0	0	55.00
56.00	Radioisotope	20,570	2,213,492	0.009293	0	0	56.00
56.01	ULTRA SOUND	19,342	6,321,594	0.003060	0	0	56.01
57.00	CT Scan	23,584	11,568,175	0.002039	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	19,362	3,230,339	0.005994	0	0	58.00
59.00	Cardiac Catheterization	91,411	15,420,948	0.005928	0	0	59.00
60.00	Laboratory	182,716	31,662,625	0.005771	0	0	60.00
60.01	Blood Laboratory	0	0	0.000000	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	10,973	2,757,600	0.003979	0	0	63.00
64.00	Intravenous Therapy	0	0	0.000000	0	0	64.00
65.00	Respiratory Therapy	21,696	4,720,506	0.004596	0	0	65.00
66.00	Physical Therapy	142,412	3,537,769	0.040255	0	0	66.00
67.00	Occupational Therapy	4,836	2,568,599	0.001883	0	0	67.00
68.00	Speech Pathology	12,244	740,746	0.016529	0	0	68.00
69.00	Electro cardiology	50,388	4,678,701	0.010770	0	0	69.00
70.00	Electroencephalography	289	130,282	0.002218	0	0	70.00
71.00	Medical Supplies Charged to Patients	73,679	6,176,830	0.011928	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	12,653	7,745,374	0.001634	0	0	72.00
73.00	Drugs Charged to Patients	87,134	43,060,712	0.002024	0	0	73.00
74.00	RENAL DIALYSIS	2,624	1,811,508	0.001449	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	Clinic	0	0	0.000000	0	0	90.00
90.01	DIABETOLOGY	518	40,730	0.012718	0	0	90.01
90.02	CANCER CENTER	60	101,827	0.000589	0	0	90.02
90.03	WOUND CARE	249,010	33,605	7.409909	0	0	90.03
91.00	Emergency	31,038	20,278,628	0.001531	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	7,239,677	0.000000	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0.000000	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0.000000	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0.000000	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	1,724,291	209,955,210		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 Component CCN: 14T240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	0	0	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00	Recovery Room	0	0	0	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	0	0	0	0	0	53.00
54.00	Radiology - Diagnostic	0	0	0	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	0	0	0	0	56.01
57.00	CT Scan	0	0	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	Laboratory	0	0	0	0	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	0	0	0	0	0	65.00
66.00	Physical Therapy	0	0	0	0	0	66.00
67.00	Occupational Therapy	0	0	0	0	0	67.00
68.00	Speech Pathology	0	0	0	0	0	68.00
69.00	Electro cardiology	0	0	0	0	0	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	0	0	0	0	0	90.01
90.02	CANCER CENTER	0	0	0	0	0	90.02
90.03	WOUND CARE	0	0	0	0	0	90.03
91.00	Emergency	0	0	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 Component CCN: 14T240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	18,395,709	0.000000	0.000000	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	2,645,379	0.000000	0.000000	0	50.01
51.00	Recovery Room	0	2,577,463	0.000000	0.000000	0	51.00
52.00	Labor Room & Delivery Room	0	0	0.000000	0.000000	0	52.00
53.00	Anesthesiology	0	3,757,868	0.000000	0.000000	0	53.00
54.00	Radiology - Diagnostic	0	6,538,524	0.000000	0.000000	0	54.00
55.00	Radiology - Therapeutic	0	0	0.000000	0.000000	0	55.00
56.00	Radioisotope	0	2,213,492	0.000000	0.000000	0	56.00
56.01	ULTRA SOUND	0	6,321,594	0.000000	0.000000	0	56.01
57.00	CT Scan	0	11,568,175	0.000000	0.000000	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	3,230,339	0.000000	0.000000	0	58.00
59.00	Cardiac Catheterization	0	15,420,948	0.000000	0.000000	0	59.00
60.00	Laboratory	0	31,662,625	0.000000	0.000000	0	60.00
60.01	Blood Laboratory	0	0	0.000000	0.000000	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0.000000	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	2,757,600	0.000000	0.000000	0	63.00
64.00	Intravenous Therapy	0	0	0.000000	0.000000	0	64.00
65.00	Respiratory Therapy	0	4,720,506	0.000000	0.000000	0	65.00
66.00	Physical Therapy	0	3,537,769	0.000000	0.000000	0	66.00
67.00	Occupational Therapy	0	2,568,599	0.000000	0.000000	0	67.00
68.00	Speech Pathology	0	740,746	0.000000	0.000000	0	68.00
69.00	Electro cardiology	0	4,678,701	0.000000	0.000000	0	69.00
70.00	Electroencephalography	0	130,282	0.000000	0.000000	0	70.00
71.00	Medical Supplies Charged to Patients	0	6,176,830	0.000000	0.000000	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	7,745,374	0.000000	0.000000	0	72.00
73.00	Drugs Charged to Patients	0	43,060,712	0.000000	0.000000	0	73.00
74.00	RENAL DIALYSIS	0	1,811,508	0.000000	0.000000	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0.000000	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	Clinic	0	0	0.000000	0.000000	0	90.00
90.01	DIABETOLOGY	0	40,730	0.000000	0.000000	0	90.01
90.02	CANCER CENTER	0	101,827	0.000000	0.000000	0	90.02
90.03	WOUND CARE	0	33,605	0.000000	0.000000	0	90.03
91.00	Emergency	0	20,278,628	0.000000	0.000000	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	7,239,677	0.000000	0.000000	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0.000000	0.000000	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0.000000	0.000000	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0.000000	0.000000	0	97.00
98.00	Other Reimbursable (specify)	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	209,955,210			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240 | Component CCN: 14T240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D Part IV | Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	0	0	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00	Recovery Room	0	0	0	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	0	0	0	0	0	53.00
54.00	Radiology - Diagnostic	0	0	0	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	0	0	0	0	56.01
57.00	CT Scan	0	0	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	Laboratory	0	0	0	0	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	0	0	0	0	0	65.00
66.00	Physical Therapy	0	0	0	0	0	66.00
67.00	Occupational Therapy	0	0	0	0	0	67.00
68.00	Speech Pathology	0	0	0	0	0	68.00
69.00	Electro cardiology	0	0	0	0	0	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
90.01	DIABETOLOGY	0	0	0	0	0	90.01
90.02	CANCER CENTER	0	0	0	0	0	90.02
90.03	WOUND CARE	0	0	0	0	0	90.03
91.00	Emergency	0	0	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240	Period:	Worksheet D
Component CCN: 14T240	From 08/01/2010	Part IV
	To 06/30/2011	Date/Time Prepared: 1/27/2012 10:58 am
Title XIX	Subprovider - IRF	Cost

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
	ANCILLARY SERVICE COST CENTERS			
50.00	Operating Room	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	50.01
51.00	Recovery Room	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	52.00
53.00	Anesthesiology	0	0	53.00
54.00	Radiology - Diagnostic	0	0	54.00
55.00	Radiology - Therapeutic	0	0	55.00
56.00	Radioisotope	0	0	56.00
56.01	ULTRA SOUND	0	0	56.01
57.00	CT Scan	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	Cardiac Catheterization	0	0	59.00
60.00	Laboratory	0	0	60.00
60.01	Blood Laboratory	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only			61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	63.00
64.00	Intravenous Therapy	0	0	64.00
65.00	Respiratory Therapy	0	0	65.00
66.00	Physical Therapy	0	0	66.00
67.00	Occupational Therapy	0	0	67.00
68.00	Speech Pathology	0	0	68.00
69.00	Electro cardiology	0	0	69.00
70.00	Electroencephalography	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	72.00
73.00	Drugs Charged to Patients	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	Clinic	0	0	90.00
90.01	DIABETOLOGY	0	0	90.01
90.02	CANCER CENTER	0	0	90.02
90.03	WOUND CARE	0	0	90.03
91.00	Emergency	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis	0	0	94.00
95.00	Ambulance Services			95.00
96.00	Durable Medical Equip. - Rented	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	98.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	20,666	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	20,666	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)	20,666	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	7,102	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	14,801,755	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)	14,801,755	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	41,019,386	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.360848	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	14,801,755	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	716.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,086,736	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)	5,086,736	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/27/2012 10:58 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	3,452,453	2,195	1,572.87	1,026	1,613,765	43.00
44.00	Coronary Care Unit	0	0	0.00	0	0	44.00
45.00	Burn Intensive Care Unit	0	0	0.00	0	0	45.00
46.00	Surgical Intensive Care Unit	0	0	0.00	0	0	46.00
47.00	Other Special Care (specify)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	9,390,514	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	16,091,015	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)	469,503	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	355,629	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	825,132	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	15,265,883	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)	3,584	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	716.24	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,567,004	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,109,104	14,801,755	0.074931	2,567,004	192,348	90.00
91.00	Nursing School cost	0	14,801,755	0.000000	2,567,004	0	91.00
92.00	Allied health cost	0	14,801,755	0.000000	2,567,004	0	92.00
93.00	All other Medical Education	0	14,801,755	0.000000	2,567,004	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240	Period: From 08/01/2010	Worksheet D-1
Component CCN: 145240	To 06/30/2011	Date/Time Prepared: 1/27/2012 10:58 am
Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	9,026	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	9,026	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)	9,026	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)	3,772	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	4,363,746	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)	4,363,746	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,363,746	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	483.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,823,611	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,823,611	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-1

Component CCN: 14S240 | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	Nursery (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	Intensive Care Unit	0	0	0.00	0	0	43.00
44.00	Coronary Care Unit	0	0	0.00	0	0	44.00
45.00	Burn Intensive Care Unit	0	0	0.00	0	0	45.00
46.00	Surgical Intensive Care Unit	0	0	0.00	0	0	46.00
47.00	Other Special Care (specify)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	317,514	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,141,125	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)	154,086	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	8,569	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	162,655	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,978,470	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

Health Financial Systems

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-1

Component CCN: 14S240 | Title XVIII | Subprovider - IPF | Date/Time Prepared: 1/27/2012 10:58 am | 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	368,742	4,363,746	0.084501	0	0	90.00
91.00	Nursing School cost	0	4,363,746	0.000000	0	0	91.00
92.00	Allied health cost	0	4,363,746	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,363,746	0.000000	0	0	93.00

Health Financial Systems

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240	Period: From 08/01/2010	Worksheet D-1
Component CCN: 14T240	To 06/30/2011	Date/Time Prepared: 1/27/2012 10:58 am
Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,383	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,383	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)	2,383	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,361	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,211,244	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,211,244	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,211,244	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	927.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,262,899	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,262,899	41.00

Health Financial Systems

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-1

Component CCN: 14T240 | Title XVIII | Subprovider - IRF | Date/Time Prepared: 1/27/2012 10:58 am | 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	0	0	0.00	0	0	45.00
46.00	Surgical Intensive Care Unit	0	0	0.00	0	0	46.00
47.00	Other Special Care (specify)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	740,308	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,003,207	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)	177,406	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	35,456	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	212,862	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,790,345	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

Health Financial Systems

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240 | Component CCN: 14T240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/27/2012 10:58 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	310,635	2,211,244	0.140480	0	0	90.00
91.00	Nursing School cost	0	2,211,244	0.000000	0	0	91.00
92.00	Allied health cost	0	2,211,244	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,211,244	0.000000	0	0	93.00

Health Financial Systems | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/27/2012 10:58 am

COMPUTATION OF INPATIENT OPERATING COST | Title XIX | Hospital

	Cost Center Description	Cost 1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	20,666	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	20,666	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)	20,666	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	7,873	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)	3,643	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	14,801,755	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)	14,801,755	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	14,801,755	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	716.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,638,958	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)	5,638,958	41.00

Health Financial Systems

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

	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)	2,203,497	3,643	604.86	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	Intensive Care Unit	3,438,185	2,195	1,566.37	0	0	43.00
44.00	Coronary Care Unit	0	0	0.00	0	0	44.00
45.00	Burn Intensive Care Unit	0	0	0.00	0	0	45.00
46.00	Surgical Intensive Care Unit	0	0	0.00	0	0	46.00
47.00	Other Special Care (specify)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,638,958	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)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	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)	3,584	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	716.24	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,567,004	89.00

Health Financial Systems

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Hospital | Cost

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

Health Financial Systems

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240	Period:	Worksheet D-1
Component CCN: 14S240	From 08/01/2010 To 06/30/2011	Date/Time Prepared: 1/27/2012 10:58 am
Title XIX	Subprovider - IPF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	9,026	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	9,026	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)	9,026	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)	0	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)	3,643	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	4,363,746	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)	4,363,746	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,363,746	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	483.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	0	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)	0	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240 Component CCN: 14S240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Subprovider - IPF | Cost

	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	0	0	0.00	0	0	45.00
46.00	Surgical Intensive Care Unit	0	0	0.00	0	0	46.00
47.00	Other Special Care (specify)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	0	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)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	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

Health Financial Systems

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-1

Component CCN: 14S240 | Title XIX | Subprovider - IPF | Date/Time Prepared: 1/27/2012 10:58 am | Cost

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

Health Financial Systems
COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240 | Component CCN: 14T240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,383	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,383	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)	2,383	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)	514	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)	3,643	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,211,244	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,211,244	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,211,244	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	927.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	476,951	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)	476,951	41.00

Health Financial Systems

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240 | Component CCN: 14T240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/27/2012 10:58 am

Title XIX | Subprovider - IRF | Cost

	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	0	0	0.00	0	0	45.00
46.00	Surgical Intensive Care Unit	0	0	0.00	0	0	46.00
47.00	Other Special Care (specify)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	476,951	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)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	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	0	87.00
87.00	Total observation bed days (see instructions)	0.00	88.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0	89.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)		

Health Financial Systems

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-1

Component CCN: 14T240 | Title XIX | Subprovider - IRF | Date/Time Prepared: 1/27/2012 10:58 am | Cost

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

Health Financial Systems
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-3 | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS		16,327,380		30.00
30.00	Adults & Pediatrics		3,240,061		31.00
31.00	Intensive Care Unit		0		32.00
32.00	Coronary Care Unit		0		33.00
33.00	Burn Intensive Care Unit		0		34.00
34.00	Surgical Intensive Care Unit		0		40.00
40.00	SUBPROVIDER - IPF		0		41.00
41.00	SUBPROVIDER - IRF		0		42.00
42.00	SUBPROVIDER				43.00
43.00	Nursery				
	ANCILLARY SERVICE COST CENTERS	0.286142	3,993,383	1,142,675	50.00
50.00	Operating Room	0.173838	371,057	64,504	50.01
50.01	GASTRO INTESTINAL SERVICES	0.250571	341,579	85,590	51.00
51.00	Recovery Room	0.000000	0	0	52.00
52.00	Labor Room & Delivery Room	0.026420	637,363	16,839	53.00
53.00	Anesthesiology	0.331147	1,774,413	587,592	54.00
54.00	Radiology - Diagnostic	0.000000	0	0	55.00
55.00	Radiology - Therapeutic	0.228492	470,819	107,578	56.00
56.00	Radioisotope	0.119379	255,729	30,529	56.01
56.01	ULTRA SOUND	0.030114	1,992,654	60,007	57.00
57.00	CT Scan	0.088511	351,020	31,069	58.00
58.00	Magnetic Resonance Imaging (MRI)	0.099999	3,255,400	325,537	59.00
59.00	Cardiac Catheterization	0.137306	8,379,111	1,150,502	60.00
60.00	Laboratory	0.000000	0	0	60.01
60.01	Blood Laboratory	0.000000	0	0	61.00
61.00	PBP Clinical Lab. Service-Prgm. Only	0.000000	0	0	62.00
62.00	Whole Blood & Packed Red Blood Cells	0.277805	722,090	200,600	63.00
63.00	Blood Storing, Processing, & Trans.	0.000000	0	0	64.00
64.00	Intravenous Therapy	0.230863	1,760,090	406,340	65.00
65.00	Respiratory Therapy	0.458131	323,181	148,059	66.00
66.00	Physical Therapy	0.248870	191,911	47,761	67.00
67.00	Occupational Therapy	0.367372	116,547	42,816	68.00
68.00	Speech Pathology	0.118597	2,103,198	249,433	69.00
69.00	Electro cardiology	0.346594	49,176	17,044	70.00
70.00	Electroencephalography	0.777949	1,845,359	1,435,595	71.00
71.00	Medical Supplies Charged to Patients	0.268556	2,394,547	643,070	72.00
72.00	Implantable Devices Chrgd to Patient	0.126051	14,790,292	1,864,331	73.00
73.00	Drugs Charged to Patients	0.232028	739,240	171,524	74.00
74.00	RENAL DIALYSIS	0.000000	0	0	75.00
75.00	ASC (Non-Distinct Part)				
	OUTPATIENT SERVICE COST CENTERS	0.000000		0	88.00
88.00	RURAL HEALTH CLINIC	0.000000		0	89.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	90.00
90.00	Clinic	1.701080	0	0	90.01
90.01	DIABETOLOGY	0.054131	0	0	90.02
90.02	CANCER CENTER	20.654843	0	0	90.03
90.03	WOUND CARE	0.152551	2,297,080	350,422	91.00
91.00	Emergency	0.354574	595,355	211,097	92.00
92.00	Observation Beds (Non-Distinct Part)				
	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	94.00
94.00	Home Program Dialysis				95.00
95.00	Ambulance Services	0.000000	0	0	96.00
96.00	Durable Medical Equip. - Rented	0.000000	0	0	97.00
97.00	Durable Medical Equip. - Sold	0.000000	0	0	98.00
98.00	Other Reimbursable (specify)		49,750,594	9,390,514	200.00
200.00	Total (sum of lines 50-94 and 96-98)		0		201.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		49,750,594		202.00
202.00	Net Charges (line 200 minus line 201)				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140240 | Component CCN: 14S240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet D-3 | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	Adults & Pediatrics		0		30.00
31.00	Intensive Care Unit		0		31.00
32.00	Coronary Care Unit		0		32.00
33.00	Burn Intensive Care Unit		0		33.00
34.00	Surgical Intensive Care Unit		0		34.00
40.00	SUBPROVIDER - IPF		6,227,691		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	Nursery				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	Operating Room	0.286142	4,949	1,416	50.00
50.01	GASTRO INTESTINAL SERVICES	0.173838	0	0	50.01
51.00	Recovery Room	0.250571	1,805	452	51.00
52.00	Labor Room & Delivery Room	0.000000	0	0	52.00
53.00	Anesthesiology	0.026420	53,056	1,402	53.00
54.00	Radiology - Diagnostic	0.331147	27,413	9,078	54.00
55.00	Radiology - Therapeutic	0.000000	0	0	55.00
56.00	Radioisotope	0.228492	0	0	56.00
56.01	ULTRA SOUND	0.119379	1,842	220	56.01
57.00	CT Scan	0.030114	16,674	502	57.00
58.00	Magnetic Resonance Imaging (MRI)	0.088511	0	0	58.00
59.00	Cardiac Catheterization	0.099999	0	0	59.00
60.00	Laboratory	0.137306	484,364	66,506	60.00
60.01	Blood Laboratory	0.000000	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0.000000	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0.000000	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0.277805	0	0	63.00
64.00	Intravenous Therapy	0.000000	0	0	64.00
65.00	Respiratory Therapy	0.230863	87,444	20,188	65.00
66.00	Physical Therapy	0.458131	8,044	3,685	66.00
67.00	Occupational Therapy	0.248870	1,186	295	67.00
68.00	Speech Pathology	0.367372	1,853	681	68.00
69.00	Electro cardiology	0.118597	57,612	6,833	69.00
70.00	Electroencephalography	0.346594	0	0	70.00
71.00	Medical Supplies Charged to Patients	0.777949	616	479	71.00
72.00	Implantable Devices Chrgd to Patient	0.268556	0	0	72.00
73.00	Drugs Charged to Patients	0.126051	1,292,308	162,897	73.00
74.00	RENAL DIALYSIS	0.232028	7,583	1,759	74.00
75.00	ASC (Non-Distinct Part)	0.000000	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	Clinic	0.000000	0	0	90.00
90.01	DIABETOLOGY	1.701080	0	0	90.01
90.02	CANCER CENTER	0.054131	0	0	90.02
90.03	WOUND CARE	20.654843	0	0	90.03
91.00	Emergency	0.152551	269,557	41,121	91.00
92.00	Observation Beds (Non-Distinct Part)	0.354574	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	Home Program Dialysis	0.000000	0	0	94.00
95.00	Ambulance Services				95.00
96.00	Durable Medical Equip. - Rented	0.000000	0	0	96.00
97.00	Durable Medical Equip. - Sold	0.000000	0	0	97.00
98.00	Other Reimbursable (specify)	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		2,316,306	317,514	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)		2,316,306		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140240 Component CCN: 14T240

Period: From 08/01/2010 To 06/30/2011

Worksheet D-3

Date/Time Prepared: 1/27/2012 10:58 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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	Adults & Pediatrics		0		30.00
31.00	Intensive Care Unit		0		31.00
32.00	Coronary Care Unit		0		32.00
33.00	Burn Intensive Care Unit		0		33.00
34.00	Surgical Intensive Care Unit		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		2,250,342		41.00
42.00	SUBPROVIDER		0		42.00
43.00	Nursery				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	Operating Room	0.286142	16,937	4,846	50.00
50.01	GASTRO INTESTINAL SERVICES	0.173838	0	0	50.01
51.00	Recovery Room	0.250571	0	0	51.00
52.00	Labor Room & Delivery Room	0.000000	0	0	52.00
53.00	Anesthesiology	0.026420	2,207	58	53.00
54.00	Radiology - Diagnostic	0.331147	12,267	4,062	54.00
55.00	Radiology - Therapeutic	0.000000	0	0	55.00
56.00	Radioisotope	0.228492	1,809	413	56.00
56.01	ULTRA SOUND	0.119379	965	115	56.01
57.00	CT Scan	0.030114	8,855	267	57.00
58.00	Magnetic Resonance Imaging (MRI)	0.088511	0	0	58.00
59.00	Cardiac Catheterization	0.099999	0	0	59.00
60.00	Laboratory	0.137306	271,761	37,314	60.00
60.01	Blood Laboratory	0.000000	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0.000000	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0.000000	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0.277805	5,950	1,653	63.00
64.00	Intravenous Therapy	0.000000	0	0	64.00
65.00	Respiratory Therapy	0.230863	121,242	27,990	65.00
66.00	Physical Therapy	0.458131	678,899	311,025	66.00
67.00	Occupational Therapy	0.248870	658,704	163,932	67.00
68.00	Speech Pathology	0.367372	96,054	35,288	68.00
69.00	Electro cardiology	0.118597	6,145	729	69.00
70.00	Electroencephalography	0.346594	0	0	70.00
71.00	Medical Supplies Charged to Patients	0.777949	42,101	32,752	71.00
72.00	Implantable Devices Chrgd to Patient	0.268556	3,913	1,051	72.00
73.00	Drugs Charged to Patients	0.126051	825,748	104,086	73.00
74.00	RENAL DIALYSIS	0.232028	61,869	14,355	74.00
75.00	ASC (Non-Distinct Part)	0.000000	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	Clinic	0.000000	0	0	90.00
90.01	DIABETOLOGY	1.701080	0	0	90.01
90.02	CANCER CENTER	0.054131	0	0	90.02
90.03	WOUND CARE	20.654843	0	0	90.03
91.00	Emergency	0.152551	2,437	372	91.00
92.00	Observation Beds (Non-Distinct Part)	0.354574	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	Home Program Dialysis	0.000000	0	0	94.00
95.00	Ambulance Services				95.00
96.00	Durable Medical Equip. - Rented	0.000000	0	0	96.00
97.00	Durable Medical Equip. - Sold	0.000000	0	0	97.00
98.00	Other Reimbursable (specify)	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		2,817,863	740,308	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)		2,817,863		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet E Part A Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

		before 1/1	on/after 1/1	
		1.00	1.01	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS			
1.00	DRG Amounts Other than Outlier Payments	12,536,117		1.00
2.00	Outlier payments for discharges. (see instructions)	319,946		2.00
3.00	Managed Care Simulated Payments	1,154,895		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	107.27		4.00
	Indirect Medical Education Adjustment			
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	36.87		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)	36.87		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	34.88		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)	34.88		12.00
13.00	Total allowable FTE count for the prior year.	30.68		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.	36.87		14.00
15.00	Sum of lines 12 through 14 divided by 3.	34.14		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	34.14		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.318262		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.268722		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.268722		21.00
22.00	IME payment adjustment (see instructions)	1,870,343		22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA			
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment. (see instructions)	0.000000		27.00
28.00	IME Adjustment (see instructions)	0		28.00
29.00	Total IME payment (sum of lines 22 and 28)	1,870,343		29.00
	Disproportionate Share Adjustment			
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	7.37		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	33.52		31.00
32.00	Sum of lines 30 and 31	40.89		32.00
33.00	Allowable disproportionate share percentage (see instructions)	26.61		33.00
34.00	Disproportionate share adjustment (see instructions)	3,335,861		34.00
	Additional payment for high percentage of ESRD beneficiary discharges			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	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 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0		46.00
47.00	Subtotal (see instructions)	18,062,267		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)	18,062,267		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140240	Period: From 08/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/27/2012 10:58 am
	Title XVIII	Hospital	PPS

		before 1/1	on/after 1/1	
		1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	1,312,616		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).	1,329,585		52.00
53.00	Nursing and Allied Health Managed Care payment	0		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs	0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	0		58.00
59.00	Total (sum of amounts on lines 49 through 58)	20,704,468		59.00
60.00	Primary payer payments	0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	20,704,468		61.00
62.00	Deductibles billed to program beneficiaries	979,880		62.00
63.00	Coinsurance billed to program beneficiaries	152,723		63.00
64.00	Allowable bad debts (see instructions)	1,079,259		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	755,481		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	835,345		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	20,327,346		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)	20,327,346		71.00
72.00	Interim payments	20,003,926		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)	323,420		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0		75.00
	TO BE COMPLETED BY CONTRACTOR			
90.00	Operating outlier amount from Worksheet E, Part A line 2	0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0		93.00
94.00	The rate used to calculate the Time Value of Money	0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)	0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140240	Period: From 08/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/27/2012 10:58 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	4,206,412	2.00
3.00	PPS payments	4,067,480	3.00
4.00	Outlier payment (see instructions)	64,365	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis 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)	4,131,845	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	890,802	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)	3,241,043	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	276,520	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)	3,517,563	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	3,517,563	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	490,076	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	343,053	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	294,904	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	3,860,616	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)	3,860,616	40.00
41.00	Interim payments	3,676,293	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)	184,323	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140240	Period: From 08/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/27/2012 10:58 am
	Title XVIII	Hospital	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140240 Component CCN: 14S240	Period: From 08/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/27/2012 10:58 am
Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	1,533	2.00
3.00	PPS payments	1,299	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	1,299	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	264	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	1,035	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	1,035	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,035	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	294,904	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	1,035	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	1,035	40.00
41.00	Interim payments	1,035	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140240 Component CCN: 14S240	Period: From 08/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/27/2012 10:58 am
	Title XVIII	Subprovider - IPF	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140240 Component CCN: 14T240	Period: From 08/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/27/2012 10:58 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	479	2.00
3.00	PPS payments	383	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis 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)	383	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	126	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)	257	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)	257	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	257	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	257	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)	257	40.00
41.00	Interim payments	257	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140240 Component CCN: 14T240	Period: From 08/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/27/2012 10:58 am
	Title XVIII	Subprovider - IRF	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet E-1 Part I | Date/Time Prepared: 1/27/2012 10:58 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		20,003,926		3,676,293	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		20,003,926		3,676,293	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		323,420		184,323	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		20,327,346		3,860,616	7.00

			Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

Health Financial Systems

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140240 | Component CCN: 14S240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet E-1 Part I | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Subprovider - IPF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,504,313		1,035	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		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)		2,504,313		1,035	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)					4.00
	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		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,504,313		1,035	7.00

		Contractor Number	Date (Mo/Day/Yr)	
		1.00	2.00	
8.00	Name of Contractor	0		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140240 | Period: From 08/01/2010 | Worksheet E-1 Part I
Component CCN: 14T240 | To 06/30/2011 | Date/Time Prepared: 1/27/2012 10:58 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		1,941,533		257	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,941,533		257	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		29,050		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,970,583		257	7.00

			Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

Health Financial Systems	Provider CCN: 140240	Period:	Worksheet E-3
CALCULATION OF REIMBURSEMENT SETTLEMENT	Component CCN: 14S240	From 08/01/2010 To 06/30/2011	Part II Date/Time Prepared: 1/27/2012 10:58 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	2,754,945	1.00
2.00	Net IPF PPS Outlier Payments	16,649	2.00
3.00	Net IPF PPS ECT Payments	16,916	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	27.023952	8.00
9.00	Average Daily Census (see instructions)	0.000000	9.00
10.00	Medical Education Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).	2,788,510	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	0	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition	0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	2,788,510	15.00
16.00	Subtotal (see instructions)	0	16.00
17.00	Primary payer payments	2,788,510	17.00
18.00	Subtotal (line 16 less line 17).	128,676	18.00
19.00	Deductibles	2,659,834	19.00
20.00	Subtotal (line 18 minus line 19)	155,521	20.00
21.00	Coinsurance	2,504,313	21.00
22.00	Subtotal (line 20 minus line 21)	0	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,504,313	25.00
26.00	Subtotal (sum of lines 22 and 24)	0	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	2,504,313	31.00
32.00	Interim payments	2,504,313	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

Health Financial Systems CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140240 Component CCN: 14T240	Period: From 08/01/2010 To 06/30/2011	Worksheet E-3 Part III Date/Time Prepared: 1/27/2012 10:58 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	1,664,021	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0617	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	198,952	3.00
4.00	Outlier Payments	143,840	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)	7.134731	10.00
11.00	Medical Education Adjustment Factor {((1 + (line 9/line 10)) 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)	2,006,813	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)	2,006,813	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	2,006,813	19.00
20.00	Deductibles	11,192	20.00
21.00	Subtotal (line 19 minus line 20)	1,995,621	21.00
22.00	Coinsurance	25,038	22.00
23.00	Subtotal (line 21 minus line 22)	1,970,583	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	1,970,583	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	1,970,583	32.00
33.00	Interim payments	1,941,533	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)	29,050	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140240	Period: From 08/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/27/2012 10:58 am
	Title XIX	Hospital	Cost
			1.00
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES		
1.00	Inpatient hospital/SNF/NF services		5,638,958 1.00
2.00	Medical and other services		0 2.00
3.00	Organ acquisition (certified transplant centers only)		0 3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		5,638,958 4.00
5.00	Inpatient primary payer payments		0 5.00
6.00	Outpatient primary payer payments		0 6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		5,638,958 7.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable Charges		
8.00	Routine service charges		0 8.00
9.00	Ancillary service charges		0 9.00
10.00	Organ acquisition charges, net of revenue		0 10.00
11.00	Incentive from target amount computation		0 11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0 12.00
	CUSTOMARY CHRGES		
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0 13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0 14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000 15.00
16.00	Total customary charges (see instructions)		0 16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions)		0 17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 7 exceeds line 16) (see instructions)		5,638,958 18.00
19.00	Interns and Residents (see instructions)		0 19.00
20.00	Cost of Teaching Physicians (see instructions)		0 20.00
21.00	Cost of covered services (line 7)		5,638,958 21.00
	PROSPECTIVE PAYMENT AMOUNT		
22.00	Other than outlier payments		0 22.00
23.00	Outlier payments		0 23.00
24.00	Program capital payments		0 24.00
25.00	Capital exception payments (see instructions)		0 25.00
26.00	Routine and Ancillary service other pass through costs		0 26.00
27.00	Subtotal (sum of lines 22 through 26, plus line 3 minus lines 5 and 6)		0 27.00
28.00	Customary charges (title XIX PPS covered services only)		0 28.00
29.00	Titles V or XIX (see instructions)		5,638,958 29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30.00	Excess of reasonable cost (from line 18)		5,638,958 30.00
31.00	Subtotal (sum of lines 19 and 20, plus line 29 minus line 30)		0 31.00
32.00	Deductibles		0 32.00
33.00	Coinsurance		0 33.00
34.00	Allowable bad debts (see instructions)		0 34.00
35.00	Utilization review		0 35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0 36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0 37.00
38.00	Subtotal (line 36 ± line 37)		0 38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0 39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0 40.00
41.00	Interim payments		0 41.00
42.00	Balance due provider/program (line 40 minus 41)		0 42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0 43.00

Health Financial Systems
CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140240
Component CCN: 14S240

Period:
From 08/01/2010
To 06/30/2011

Worksheet E-3
Part VII
Date/Time Prepared:
1/27/2012 10:58 am

Title XIX

Subprovider - IPF

Cost

		1.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES		
1.00	Inpatient hospital/SNF/NF services	0	1.00
2.00	Medical and other services	0	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	4.00
5.00	Inpatient primary payer payments	0	5.00
6.00	Outpatient primary payer payments	0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable Charges		
8.00	Routine service charges	0	8.00
9.00	Ancillary service charges	0	9.00
10.00	Organ acquisition charges, net of revenue	0	10.00
11.00	Incentive from target amount computation	0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	12.00
	CUSTOMARY CHRGES		
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	15.00
16.00	Total customary charges (see instructions)	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions)	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 7 exceeds line 16) (see instructions)	0	18.00
19.00	Interns and Residents (see instructions)	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	20.00
21.00	Cost of covered services (line 7)	0	21.00
	PROSPECTIVE PAYMENT AMOUNT		
22.00	Other than outlier payments	0	22.00
23.00	Outlier payments	0	23.00
24.00	Program capital payments	0	24.00
25.00	Capital exception payments (see instructions)	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	26.00
27.00	Subtotal (sum of lines 22 through 26, plus line 3 minus lines 5 and 6)	0	27.00
28.00	Customary charges (title XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX (see instructions)	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30.00	Excess of reasonable cost (from line 18)	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus line 29 minus line 30)	0	31.00
32.00	Deductibles	0	32.00
33.00	Coinsurance	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Utilization review	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	40.00
41.00	Interim payments	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140240 Component CCN: 14T240	Period: From 08/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/27/2012 10:58 am
Title XIX	Subprovider - IRF	Cost

		1.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES		
1.00	Inpatient hospital/SNF/NF services	476,951	1.00
2.00	Medical and other services	0	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	476,951	4.00
5.00	Inpatient primary payer payments	0	5.00
6.00	Outpatient primary payer payments	0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	476,951	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable Charges		
8.00	Routine service charges	0	8.00
9.00	Ancillary service charges	0	9.00
10.00	Organ acquisition charges, net of revenue	0	10.00
11.00	Incentive from target amount computation	0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	12.00
	CUSTOMARY CHRGES		
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	15.00
16.00	Total customary charges (see instructions)	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions)	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 7 exceeds line 16) (see instructions)	476,951	18.00
19.00	Interns and Residents (see instructions)	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	20.00
21.00	Cost of covered services (line 7)	476,951	21.00
	PROSPECTIVE PAYMENT AMOUNT		
22.00	Other than outlier payments	0	22.00
23.00	Outlier payments	0	23.00
24.00	Program capital payments	0	24.00
25.00	Capital exception payments (see instructions)	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	26.00
27.00	Subtotal (sum of lines 22 through 26, plus line 3 minus lines 5 and 6)	0	27.00
28.00	Customary charges (title XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX (see instructions)	476,951	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30.00	Excess of reasonable cost (from line 18)	476,951	30.00
31.00	Subtotal (sum of lines 19 and 20, plus line 29 minus line 30)	0	31.00
32.00	Deductibles	0	32.00
33.00	Coinsurance	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Utilization review	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	40.00
41.00	Interim payments	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet E-4 | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

					1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.				44.74	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)				0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA				0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)				0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))				0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)				0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts				44.74	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)				32.20	6.00
7.00	Enter the lesser of line 5 or line 6				32.20	7.00
		Primary Care	Other	Total		
		1.00	2.00	3.00		
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	29.24	2.94	32.18		8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	29.24	2.94	32.18		9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00			10.00
11.00	Total weighted FTE count	29.24	2.94			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	28.54	5.32			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	28.61	5.32			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	28.80	4.53			14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00			15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00			16.00
17.00	Adjusted rolling average FTE count	28.80	4.53			17.00
18.00	Per resident amount	107,020.68	104,146.25			18.00
19.00	Approved amount for resident costs	3,082,196	471,783	3,553,979		19.00
					1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)				0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)				0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)				0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)				0.00	23.00
24.00	Multiply line 22 time line 23				0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)				3,553,979	25.00
		Inpatient Part A	Managed care			
		1.00	2.00	3.00		
	COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	13,261	723			26.00
27.00	Total Inpatient Days	30,686	31,409			27.00
28.00	Ratio of inpatient days to total inpatient days	0.432151	0.023019			28.00
29.00	Program direct GME amount	1,535,856	81,809			29.00
30.00	Reduction for nursing/allied health		11,560			30.00
31.00	Net Program direct GME amount				1,606,105	31.00

Health Financial Systems

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet E-4 | Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	1,811,508	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	20,235,347	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)	0	39.00
40.00	Primary payer payments (see instructions)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	20,235,347	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	4,208,424	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	4,208,424	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	24,443,771	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.827832	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.172168	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	1,606,105	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	1,329,585	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	276,520	50.00

Health Financial Systems

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

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet G | Date/Time Prepared: 1/27/2012 10:58 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURENT ASSETS					
1.00	Cash on hand in banks	-236,482	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	18,671,499	0	0	0	4.00
5.00	Other receivable	499,917	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-4,442,414	0	0	0	6.00
7.00	Inventory	1,928,667	0	0	0	7.00
8.00	Prepaid expenses	76,751	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	16,497,938	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	5,200,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	8,518,696	0	0	0	15.00
16.00	Accumulated depreciation	0	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	0	0	0	0	19.00
20.00	Accumulated depreciation	0	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	2,293,463	0	0	0	23.00
24.00	Accumulated depreciation	-965,375	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	1,179,613	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	16,226,397	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	32,724,335	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	8,873,600	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	236,518	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	5,261,853	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,371,971	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	18,894,199	0	0	0	46.00
47.00	Notes payable	963,972	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	13,350	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	19,871,521	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	34,243,492	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	-1,519,157				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance				0	56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion					58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-1,519,157	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	32,724,335	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet G-1 | Date/Time Prepared: 1/27/2012 10:58 am

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
1.00	Fund balances at beginning of period		-70,161,869		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-1,519,157				2.00
3.00	Total (sum of line 1 and line 2)		-71,681,026		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)		-71,681,026		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)		-71,681,026		0		19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet G-1 | Date/Time Prepared: 1/27/2012 10:58 am

		Endowment Fund		Plant Fund			
		5.00	6.00	7.00	8.00		
1.00	Fund balances at beginning of period		0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)		0		0		3.00
4.00	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: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet G-2 Parts | Date/Time Prepared: 1/27/2012 10:58 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	39,220,460		39,220,460	1.00
2.00	SUBPROVIDER - IPF	14,594,766		14,594,766	2.00
3.00	SUBPROVIDER - IRF	4,045,655		4,045,655	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	57,860,881		57,860,881	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	Intensive Care Unit	6,502,337		6,502,337	11.00
12.00	Coronary Care Unit	0		0	12.00
13.00	Burn Intensive Care Unit	0		0	13.00
14.00	Surgical Intensive Care Unit	0		0	14.00
15.00	Other Special Care (specify)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,502,337		6,502,337	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	64,363,218		64,363,218	17.00
18.00	Ancillary services	105,466,050	10,092,194	115,558,244	18.00
19.00	Outpatient services	76,970,855	17,426,111	94,396,966	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	Ambulance Services	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	EXCL. AREAS, PHY CHARGES,ROUNDING	2,403	2,363,169	2,365,572	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	246,802,526	29,881,474	276,684,000	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		89,407,841		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		89,407,841		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet G-3 | Date/Time Prepared: 1/27/2012 10:58 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	276,684,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	190,715,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	85,969,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	89,407,841	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,438,841	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	8,623	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	238,990	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	38,705	20.00
21.00	Rental of vending machines	1,527	21.00
22.00	Rental of hospital space	762,466	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	870,048	24.00
25.00	Total other income (sum of lines 6-24)	1,920,359	25.00
26.00	Total (line 5 plus line 25)	-1,518,482	26.00
27.00	ROUNDING	675	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	675	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,519,157	29.00

CALCULATION OF CAPITAL PAYMENT | Provider CCN: 140240 | Period: From 08/01/2010 To 06/30/2011 | Worksheet L Parts I-III Date/Time Prepared: 1/27/2012 10:58 am

Title XVIII | Hospital | PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,021,731	1.00
2.00	Capital DRG outlier payments	17,164	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	57.72	3.00
4.00	Number of interns & residents (see instructions)	34.14	4.00
5.00	Indirect medical education percentage (see instructions)	18.16	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	185,546	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	7.37	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	33.52	8.00
9.00	Sum of lines 7 and 8	40.89	9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.63	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	88,175	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	1,312,616	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00