

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/30/2012 9:52 am
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PART I - COST REPORT STATUS

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

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended
 6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/30/2012 Time: 9:52 am

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SOUTH SUBURBAN HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-353,573	496,897	2,429,393	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	26,777	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-326,796	496,897	2,429,393	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140250			Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 9:51 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 178TH STREET AND KEDZIE AVE			PO Box:				1.00			
2.00	City: HAZELCREST			State: IL		Zip Code: 60429-		County: COOK			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		SOUTH SUBURBAN HOSPITAL	140250	29404	1	07/01/1966	N	P	N	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N		N	8.00
9.00	Hospital-Based SNF		SOUTH SUBURBAN NURSING UNIT	145599	29404		05/01/1988	N	P	N	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA							N	N	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			4,280	2,714	0	27	0	0	24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.			0	0	0	0	0	0	25.00	
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						1		26.00		
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).						1		27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 9:51 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	Y			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)	Y			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140250

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

Worksheet S-2
Part I
Date/Time Prepared:
5/30/2012 9:51 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 9:51 am		
			1.00	2.00	3.00	
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00	
			1.00			
Long Term Care Hospital PPS						
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.		N		80.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.		N		86.00	
			V	XIX		
			1.00	2.00		
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical	Occupational	Speech	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.		Y	Y	Y	Y
			1.00		2.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		0		118.00	
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		0		0	
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	
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	

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			1.00			2.00			
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)						Y	148036	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: ADVOCATE HEALTHCARE		Contractor's Name: NATIONAL GOVT SERV			Contractor's Number: 00131		141.00	
142.00	Street: 2025 WINDSOR DRIVE		PO Box:					142.00	
143.00	City: OAK BROOK		State: IL			Zip Code: 60523		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 1.00	
								Part B 2.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital						N	N	155.00
156.00	Subprovider - IPF						N	N	156.00
157.00	Subprovider - IRF						N	N	157.00
158.00	SUBPROVIDER						N	N	158.00
159.00	SNF						N	N	159.00
160.00	HOME HEALTH AGENCY						N	N	160.00
161.00	CMHC							N	161.00
161.10	CORF							N	161.10
								1.00	
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
			Name	County	State	Zip Code	CBSA	FTE/Campus	
			0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5								0.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								1.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 9:51 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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?	Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		Y		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
			Part A		
			Description	Y/N	Date
			0	1.00	2.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2012		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140250

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

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2012 9:51 am

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140250

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

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2012 9:51 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)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	183	66,795	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)		183	66,795	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		203	74,095	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	37	13,505			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		240				27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	18,157	4,839	37,995		1.00
2.00 HMO		3,619	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	18,157	4,839	37,995		7.00
8.00 INTENSIVE CARE UNIT	0	2,934	876	5,659		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		1,083	1,885		13.00
14.00 Total (see instructions)	0	21,091	6,798	45,539		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	5,829	0	8,340		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		555	4,701		28.00
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			223	368		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	4,736	1.00
2.00 HMO					1,004	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	1,053.00	0.00	0	4,736	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	36.00	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	1,089.00	0.00			27.00
28.00 Observation Bed Days						28.00
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: 140250

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,467	12,168		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)	1,467	12,168		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				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
28.02 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: 140250

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2012 9:51 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	
		1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	66,530,536	0	66,530,536	2,266,720.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	1,990,785	0	1,990,785	74,880.00	9.00
10.00	Excluded area salaries (see instructions)		325,197	82,196	407,393	8,837.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		4,452,188	0	4,452,188	112,002.00	11.00
12.00	Management and administrative services		1,132,449	0	1,132,449	12,988.00	12.00
13.00	Contract labor: physician-Part A		2,162,052	0	2,162,052	20,764.00	13.00
14.00	Home office salaries & wage-related costs		10,303,678	0	10,303,678	219,758.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17,572,359	0	17,572,359		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		181,067	0	181,067		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		0	0	0		22.00
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	1,522,678	0	1,522,678	16,640.00	26.00
27.00	Administrative & General	5.00	7,719,699	-47,011	7,672,688	270,400.00	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	1,901,082	0	1,901,082	79,040.00	30.00
31.00	Laundry & Linen Service	8.00	114,523	0	114,523	8,320.00	31.00
32.00	Housekeeping	9.00	1,498,379	0	1,498,379	104,000.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	1,892,194	-975,102	917,092	54,080.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	975,102	975,102	58,240.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	3,438,466	0	3,438,466	79,040.00	38.00
39.00	Central Services and Supply	14.00	416,080	34,996	451,076	20,800.00	39.00
40.00	Pharmacy	15.00	2,414,360	0	2,414,360	79,040.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,670,806	0	1,670,806	76,960.00	41.00
42.00	Social Service	17.00	449,102	0	449,102	14,560.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140250

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2012 9:51 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	29.35	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	26.59	9.00
10.00	Excluded area salaries (see instructions)	46.10	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	39.75	11.00
12.00	Management and administrative services	87.19	12.00
13.00	Contract labor: physician-Part A	104.13	13.00
14.00	Home office salaries & wage-related costs	46.89	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	91.51	26.00
27.00	Administrative & General	28.38	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	24.05	30.00
31.00	Laundry & Linen Service	13.76	31.00
32.00	Housekeeping	14.41	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	16.96	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	16.74	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	43.50	38.00
39.00	Central Services and Supply	21.69	39.00
40.00	Pharmacy	30.55	40.00
41.00	Medical Records & Medical Records Library	21.71	41.00
42.00	Social Service	30.84	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140250

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2012 9:51 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	66,530,536	0	66,530,536	2,266,720.00	1.00
2.00	Excluded area salaries (see instructions)	2,315,982	82,196	2,398,178	83,717.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	64,214,554	-82,196	64,132,358	2,183,003.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	18,050,367	0	18,050,367	365,512.00	4.00
5.00	Subtotal wage-related costs (see inst.)	17,572,359	0	17,572,359	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	99,837,280	-82,196	99,755,084	2,548,515.00	6.00
7.00	Total overhead cost (see instructions)	23,037,369	-12,015	23,025,354	861,120.00	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/30/2012 9:51 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	29.35	1.00
2.00	Excluded area salaries (see instructions)	28.65	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	49.38	4.00
5.00	Subtotal wage-related costs (see inst.)	27.40	5.00
6.00	Total (sum of lines 3 thru 5)	39.14	6.00
7.00	Total overhead cost (see instructions)	26.74	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140250

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/30/2012 9:51 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,206,347	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	1,062,270	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)	6,310,611	8.00
9.00	Prescription Drug Plan	1,324,680	9.00
10.00	Dental, Hearing and Vision Plan	317,972	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	88,674	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	589,435	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,227,800	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	4,772,662	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	181,464	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	255,511	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	416,000	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	17,753,426	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: 140250

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

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2012 9:51 am

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-7

Date/Time Prepared:
5/30/2012 9:51 am

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	128	0	128 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	4	0	4 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	11	0	11 12.00
13.00		RUB	555	0	555 13.00
14.00		RUA	1,252	0	1,252 14.00
15.00		RVC	42	0	42 15.00
16.00		RVB	665	0	665 16.00
17.00		RVA	2,151	0	2,151 17.00
18.00		RHC	19	0	19 18.00
19.00		RHB	100	0	100 19.00
20.00		RHA	365	0	365 20.00
21.00		RMC	9	0	9 21.00
22.00		RMB	80	0	80 22.00
23.00		RMA	212	0	212 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	6	0	6 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	19	0	19 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	21	0	21 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	5	0	5 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	34	0	34 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	11	0	11 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	11	0	11 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	53	0	53 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	40	0	40 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-7

Date/Time Prepared:
5/30/2012 9:51 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	11	0	11	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	16	0	16	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	5	0	5	78.00
199.00		AAA	4	0	4	199.00
200.00	TOTAL		5,829	0	5,829	200.00

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

201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	16974	201.00
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		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

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

202.00	Staffing	1,990,785	31.89	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	6,266,215			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/30/2012 9:51 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)			0.271076	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			11,382,859	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			75,429,817	6.00	
7.00	Medicaid cost (line 1 times line 6)			20,447,213	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)			9,064,354	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP			0	9.00	
10.00	Stand-alone SCHIP charges			0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			9,064,354	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			9,216,888	3,398,088	12,614,976
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			2,498,477	921,140	3,419,617
22.00	Partial payment by patients approved for charity care			18,967	25,299	44,266
23.00	Cost of charity care (line 21 minus line 22)			2,479,510	895,841	3,375,351
				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
26.00	Total bad debt expense for the entire hospital complex (see instructions)			17,946,565		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,362,648		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			16,583,917		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			4,495,502		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			7,870,853		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			16,935,207		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140250		Period: From 01/01/2011 To 12/31/2011		Worksheet A	
Date/Time Prepared: 5/30/2012 9:51 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT		4,624,870	4,624,870	2,320,460	6,945,330		1.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0		3.00
4.00 EMPLOYEE BENEFITS	1,522,678	13,087,791	14,610,469	-3,897	14,606,572		4.00
5.01 COMMUNICATIONS	419,499	487,698	907,197	-1,825	905,372		5.01
5.02 DATA PROCESSING	0	1,930,429	1,930,429	-5,886	1,924,543		5.02
5.03 PURCHASING	212,095	482,575	694,670	-63,112	631,558		5.03
5.04 REGISTRATION	1,487,463	263,114	1,750,577	-31,843	1,718,734		5.04
5.05 PATIENT ACCOUNTING	853,111	759,799	1,612,910	-54,336	1,558,574		5.05
5.06 ADMINISTRATION & GENERAL	4,747,531	18,837,772	23,585,303	-651,894	22,933,409		5.06
7.00 OPERATION OF PLANT	1,901,082	4,057,532	5,958,614	-94,987	5,863,627		7.00
8.00 LAUNDRY & LINEN SERVICE	114,523	872,692	987,215	-26	987,189		8.00
9.00 HOUSEKEEPING	1,498,379	761,175	2,259,554	-31,626	2,227,928		9.00
10.00 DIETARY	1,892,194	1,383,110	3,275,304	-1,722,186	1,553,118		10.00
11.00 CAFETERIA	0	0	0	1,687,859	1,687,859		11.00
13.00 NURSING ADMINISTRATION	3,438,466	747,525	4,185,991	-21,177	4,164,814		13.00
14.00 CENTRAL SERVICES & SUPPLY	416,080	426,243	842,323	-89,582	752,741		14.00
15.00 PHARMACY	2,414,360	8,253,845	10,668,205	-7,484,527	3,183,678		15.00
16.00 MEDICAL RECORDS & LIBRARY	1,670,806	878,378	2,549,184	-9,362	2,539,822		16.00
17.00 SOCIAL SERVICE	449,102	77,675	526,777	-907	525,870		17.00
23.00 PARAMEDICAL PRGM-(SPECIFY)	72,989	50,588	123,577	78,604	202,181		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	16,936,456	5,381,500	22,317,956	-2,405,825	19,912,131		30.00
31.00 INTENSIVE CARE UNIT	3,776,919	1,622,866	5,399,785	-534,841	4,864,944		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
41.00 SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	671,333	788,103	1,459,436	-45,561	1,413,875		43.00
44.00 SKILLED NURSING FACILITY	1,990,785	320,476	2,311,261	-121,522	2,189,739		44.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	3,382,810	10,820,943	14,203,753	-9,175,363	5,028,390		50.00
53.00 ANESTHESIOLOGY	35,645	346,765	382,410	828,450	1,210,860		53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,003,888	2,159,860	6,163,748	-527,810	5,635,938		54.00
56.00 RADIOISOTOPE	359,526	503,248	862,774	-54,592	808,182		56.00
56.01 ULTRASOUND	577,958	163,078	741,036	-112,285	628,751		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	838,320	4,568,632	5,406,952	-3,911,321	1,495,631		59.00
60.00 LABORATORY	0	5,219,139	5,219,139	-3,127	5,216,012		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,956,791	1,956,791	-1,393,439	563,352		62.00
64.00 INTRAVENOUS THERAPY	384,060	244,880	628,940	-148,685	480,255		64.00
65.00 RESPIRATORY THERAPY	1,207,897	431,833	1,639,730	-205,404	1,434,326		65.00
66.00 PHYSICAL THERAPY	70,041	3,362,435	3,432,476	-998,584	2,433,892		66.00
67.00 OCCUPATIONAL THERAPY	0	571	571	978,921	979,492		67.00
68.00 SPEECH PATHOLOGY	145,575	13,489	159,064	-2,315	156,749		68.00
69.00 ELECTROCARDIOLOGY	771,160	469,680	1,240,840	-25,832	1,215,008		69.00
70.00 ELECTROENCEPHALOGRAPHY	116,578	48,567	165,145	-39,008	126,137		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,071,343	10,071,343		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,886,766	7,886,766		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	7,445,589	7,445,589		73.00
74.00 RENAL DIALYSIS	339,870	227,803	567,673	-100,424	467,249		74.00
75.00 ASC (NON-DISTINCT PART)	1,123,235	368,819	1,492,054	-176,160	1,315,894		75.00
76.00 PULMONARY FUNCTION TESTING	111,313	19,294	130,607	-9,694	120,913		76.00
76.97 CARDIAC REHABILITATION	212,747	21,531	234,278	-2,427	231,851		76.97
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	406,538	1,140,083	1,546,621	-354,129	1,192,492		90.00
91.00 EMERGENCY	5,528,391	1,763,927	7,292,318	-696,659	6,595,659		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
93.00 SLEEP LAB	176,925	68,175	245,100	-12,572	232,528		93.00
OTHER REIMBURSABLE COST CENTERS							
99.10 CORF	0	0	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	252,208	17,841	270,049	0	270,049		100.00
101.00 HOME HEALTH AGENCY	0	64,544	64,544	0	64,544		101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0	0		111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140250

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

Worksheet A
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
112.00 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE		1,691,549	1,691,549	0	1,691,549	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	26,760	26,760	114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	66,530,536	101,789,233	168,319,769	0	168,319,769	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	65,744	65,744	0	65,744	190.00
190.01 NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 FUND RAISING	0	0	0	0	0	194.00
200.00 TOTAL (SUM OF LINES 118-199)	66,530,536	101,854,977	168,385,513	0	168,385,513	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140250

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

Worksheet A
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,438,935	8,384,265	1.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	1,768,993	16,375,565	4.00
5.01	COMMUNICATIONS	-90,972	814,400	5.01
5.02	DATA PROCESSING	2,121,438	4,045,981	5.02
5.03	PURCHASING	-1,999	629,559	5.03
5.04	REGISTRATION	-25,230	1,693,504	5.04
5.05	PATIENT ACCOUNTING	0	1,558,574	5.05
5.06	ADMINISTRATION & GENERAL	-4,729,455	18,203,954	5.06
7.00	OPERATION OF PLANT	-104,232	5,759,395	7.00
8.00	LAUNDRY & LINEN SERVICE	0	987,189	8.00
9.00	HOUSEKEEPING	-3,252	2,224,676	9.00
10.00	DIETARY	-1,436	1,551,682	10.00
11.00	CAFETERIA	-623,550	1,064,309	11.00
13.00	NURSING ADMINISTRATION	-63,622	4,101,192	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	752,741	14.00
15.00	PHARMACY	0	3,183,678	15.00
16.00	MEDICAL RECORDS & LIBRARY	-68,091	2,471,731	16.00
17.00	SOCIAL SERVICE	-13,814	512,056	17.00
23.00	PARAMED PRGM-(SPECIFY)	-41,326	160,855	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-1,151,620	18,760,511	30.00
31.00	INTENSIVE CARE UNIT	-1,572	4,863,372	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
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	-672,154	741,721	43.00
44.00	SKILLED NURSING FACILITY	-1,046	2,188,693	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-128,902	4,899,488	50.00
53.00	ANESTHESIOLOGY	-1,088,930	121,930	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-327,138	5,308,800	54.00
56.00	RADIOISOTOPE	0	808,182	56.00
56.01	ULTRASOUND	-40	628,711	56.01
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	-234	1,495,397	59.00
60.00	LABORATORY	-23	5,215,989	60.00
60.01	BLOOD LABORATORY	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	563,352	62.00
64.00	INTRAVENOUS THERAPY	-4,530	475,725	64.00
65.00	RESPIRATORY THERAPY	-86,887	1,347,439	65.00
66.00	PHYSICAL THERAPY	-7,234	2,426,658	66.00
67.00	OCCUPATIONAL THERAPY	-36	979,456	67.00
68.00	SPEECH PATHOLOGY	-522	156,227	68.00
69.00	ELECTROCARDIOLOGY	0	1,215,008	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	126,137	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-380	10,070,963	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	7,886,766	72.00
73.00	DRUGS CHARGED TO PATIENTS	-413	7,445,176	73.00
74.00	RENAL DIALYSIS	-525	466,724	74.00
75.00	ASC (NON-DISTINCT PART)	-107	1,315,787	75.00
76.00	PULMONARY FUNCTION TESTING	0	120,913	76.00
76.97	CARDIAC REHABILITATION	-40	231,811	76.97
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	-102,309	1,090,183	90.00
91.00	EMERGENCY	-82,174	6,513,485	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	SLEEP LAB	0	232,528	93.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	-253,208	16,841	100.00
101.00	HOME HEALTH AGENCY	-64,544	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
112.00	OTHER ORGAN ACQUISITION (SPECIF	0	0	112.00
113.00	INTEREST EXPENSE	-1,691,549	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140250

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

Worksheet A
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
	6.00	7.00		
114.00 UTILIZATION REVIEW-SNF	-26,760	0		114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-6,130,490	162,189,279		118.00
NONREIMBURSABLE COST CENTERS				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-63,872	1,872		190.00
190.01 NONREIMBURSABLE HHA	0	0		190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00 FUND RAISING	0	0		194.00
200.00 TOTAL (SUM OF LINES 118-199)	-6,194,362	162,191,151		200.00

RECLASSIFICATIONS

Provider CCN: 140250

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

Worksheet A-6
Date/Time Prepared:
5/30/2012 9:51 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	975,102	712,757	1.00
	TOTALS		975,102	712,757	
B - PATIENT DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,445,589	1.00
	TOTALS		0	7,445,589	
C - PHYSICIAN COMPENSATION					
1.00	UTILIZATION REVIEW-SNF	114.00	0	26,760	1.00
	TOTALS		0	26,760	
D - CENTRAL PROCESSING					
1.00	CENTRAL SERVICES & SUPPLY	14.00	34,996	0	1.00
	TOTALS		34,996	0	
E - MEDICAL DIRECTORS - PHYSICIANS					
1.00	OPERATING ROOM	50.00	0	129,449	1.00
2.00	ANESTHESIOLOGY	53.00	0	1,088,930	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	303,055	3.00
4.00	EMERGENCY	91.00	0	60,445	4.00
	TOTALS		0	1,581,879	
F - EDUCATION COST					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	82,196	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		82,196	0	
H - EQUIP DEPR					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,320,460	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
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
	TOTALS		0	2,320,460	
I - OCCUPATIONAL THERAPY					
1.00	OCCUPATIONAL THERAPY	67.00	0	979,126	1.00
	TOTALS		0	979,126	
J - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	17,958,109	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	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
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	17,958,109		
K - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO	72.00	0	7,886,766		1.00
	PATIENT					
	TOTALS		0	7,886,766		
500.00	Grand Total: Increases		1,092,294	38,911,446		500.00

RECLASSIFICATIONS

Provider CCN: 140250

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

Worksheet A-6
Date/Time Prepared:
5/30/2012 9:51 am

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CAFETERIA COSTS							
1.00	DIETARY	10.00	975,102	712,757	0		1.00
	TOTALS		975,102	712,757			
B - PATIENT DRUGS							
1.00	PHARMACY	15.00	0	7,445,589	0		1.00
	TOTALS		0	7,445,589			
C - PHYSICIAN COMPENSATION							
1.00	ADMINISTRATION & GENERAL	5.06	0	26,760	0		1.00
	TOTALS		0	26,760			
D - CENTRAL PROCESSING							
1.00	PURCHASING	5.03	34,996	0	0		1.00
	TOTALS		34,996	0			
E - MEDICAL DIRECTORS - PHYSICIANS							
1.00	ADMINISTRATION & GENERAL	5.06	0	492,949	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,088,930	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		0	1,581,879			
F - EDUCATION COST							
1.00	ADULTS & PEDIATRICS	30.00	15,142	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	12,458	0	0		2.00
3.00	ADMINISTRATION & GENERAL	5.06	12,015	0	0		3.00
4.00	EMERGENCY	91.00	42,581	0	0		4.00
	TOTALS		82,196	0			
H - EQUIP DEPR							
1.00	EMPLOYEE BENEFITS	4.00	0	3,263	9		1.00
2.00	COMMUNICATIONS	5.01	0	1,475	0		2.00
3.00	DATA PROCESSING	5.02	0	5,886	0		3.00
4.00	PURCHASING	5.03	0	28,116	0		4.00
5.00	REGISTRATION	5.04	0	30,760	0		5.00
6.00	PATIENT ACCOUNTING	5.05	0	54,336	0		6.00
7.00	ADMINISTRATION & GENERAL	5.06	0	107,376	0		7.00
8.00	OPERATION OF PLANT	7.00	0	62,840	0		8.00
9.00	HOUSEKEEPING	9.00	0	25,317	0		9.00
10.00	DIETARY	10.00	0	33,802	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	21,074	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	38,303	0		12.00
13.00	PHARMACY	15.00	0	16,616	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,289	0		14.00
15.00	SOCIAL SERVICE	17.00	0	900	0		15.00
16.00	PARAMED PRGM-(SPECIFY)	23.00	0	2,862	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	209,977	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	185,392	0		18.00
19.00	NURSERY	43.00	0	16,105	0		19.00
20.00	SKILLED NURSING FACILITY	44.00	0	2,188	0		20.00
21.00	OPERATING ROOM	50.00	0	592,419	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	15,743	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	276,191	0		23.00
24.00	RADIOISOTOPE	56.00	0	47,671	0		24.00
25.00	ULTRASOUND	56.01	0	78,609	0		25.00
26.00	LABORATORY	60.00	0	3,127	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	182,155	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	8,384	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	3,535	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	205	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	28,760	0		31.00
32.00	RENAL DIALYSIS	74.00	0	14,781	0		32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0	144,493	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	1,461	0		34.00
35.00	PULMONARY FUNCTION TESTING	76.00	0	4,553	0		35.00
36.00	CLINIC	90.00	0	3,266	0		36.00
37.00	EMERGENCY	91.00	0	59,230	0		37.00
	TOTALS		0	2,320,460			
I - OCCUPATIONAL THERAPY							
1.00	PHYSICAL THERAPY	66.00	0	979,126	0		1.00
	TOTALS		0	979,126			
J - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	634	0		1.00
2.00	COMMUNICATIONS	5.01	0	350	0		2.00
3.00	REGISTRATION	5.04	0	1,083	0		3.00
4.00	ADMINISTRATION & GENERAL	5.06	0	12,794	0		4.00
5.00	OPERATION OF PLANT	7.00	0	32,147	0		5.00
6.00	HOUSEKEEPING	9.00	0	6,309	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	26	0		7.00

RECLASSIFICATIONS

Provider CCN: 140250

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

Worksheet A-6

Date/Time Prepared:
5/30/2012 9:51 am

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
8.00	DIETARY	10.00	0	525	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	0	103	0	9.00	
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	86,275	0	10.00	
11.00	PHARMACY	15.00	0	22,322	0	11.00	
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	73	0	12.00	
13.00	SOCIAL SERVICE	17.00	0	7	0	13.00	
14.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	730	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	0	1,091,776	0	15.00	
16.00	INTENSIVE CARE UNIT	31.00	0	336,991	0	16.00	
17.00	NURSERY	43.00	0	29,456	0	17.00	
18.00	SKILLED NURSING FACILITY	44.00	0	119,334	0	18.00	
19.00	OPERATING ROOM	50.00	0	8,712,393	0	19.00	
20.00	ANESTHESIOLOGY	53.00	0	244,737	0	20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	554,674	0	21.00	
22.00	RADIOISOTOPE	56.00	0	6,921	0	22.00	
23.00	ULTRASOUND	56.01	0	33,676	0	23.00	
24.00	CARDIAC CATHETERIZATION	59.00	0	3,729,166	0	24.00	
25.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	1,393,439	0	25.00	
26.00	INTRAVENOUS THERAPY	64.00	0	148,685	0	26.00	
27.00	RESPIRATORY THERAPY	65.00	0	197,020	0	27.00	
28.00	PHYSICAL THERAPY	66.00	0	15,923	0	28.00	
29.00	SPEECH PATHOLOGY	68.00	0	2,315	0	29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	25,832	0	30.00	
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,248	0	31.00	
32.00	RENAL DIALYSIS	74.00	0	85,643	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0	31,667	0	33.00	
34.00	CARDIAC REHABILITATION	76.97	0	966	0	34.00	
35.00	PULMONARY FUNCTION TESTING	76.00	0	5,141	0	35.00	
36.00	CLINIC	90.00	0	350,863	0	36.00	
37.00	EMERGENCY	91.00	0	655,293	0	37.00	
38.00	SLEEP LAB	93.00	0	12,572	0	38.00	
	TOTALS		0	17,958,109			
K - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,886,766	0	1.00	
	TOTALS		0	7,886,766			
500.00	Grand Total: Decreases		1,092,294	38,911,446		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140250

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/30/2012 9:51 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	714,843	0	0	0	1.00
2.00	Land Improvements	4,318,134	386,119	0	386,119	2.00
3.00	Buildings and Fixtures	111,434,138	1,809,359	0	1,809,359	3.00
4.00	Building Improvements	269,880	0	0	0	4.00
5.00	Fixed Equipment	44,492,767	4,676,710	0	4,676,710	5.00
6.00	Movable Equipment	18,666	0	0	0	6.00
7.00	HIT designated Assets	802,434	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	162,050,862	6,872,188	0	6,872,188	8.00
9.00	Reconciling Items	-1,415,645	-1,037,836	0	-1,037,836	9.00
10.00	Total (line 8 minus line 9)	163,466,507	7,910,024	0	7,910,024	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	NEW CAP REL COSTS-BLDG & FIXT	4,624,870	0	0	0	1.00
3.00	Total (sum of lines 1-2)	4,624,870	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140250

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/30/2012 9:51 am

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	714,843	0			1.00
2.00	Land Improvements	4,704,253	2,410,903			2.00
3.00	Buildings and Fixtures	113,188,435	42,423,553			3.00
4.00	Building Improvements	269,880	269,880			4.00
5.00	Fixed Equipment	48,753,056	32,592,499			5.00
6.00	Movable Equipment	18,666	18,666			6.00
7.00	HIT designated Assets	802,434	374,351			7.00
8.00	Subtotal (sum of lines 1-7)	168,451,567	78,089,852			8.00
9.00	Reconciling Items	-2,453,481	0			9.00
10.00	Total (line 8 minus line 9)	170,905,048	78,089,852			10.00
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	4,624,870			1.00
3.00	Total (sum of lines 1-2)	0	4,624,870			3.00
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	8,066,441	0 1.00
3.00	Total (sum of lines 1-2)	0	0	0	8,066,441	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140250

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

Worksheet A-7
Parts I-III
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	317,824	0	0	0	8,384,265	1.00
3.00	Total (sum of lines 1-2)	317,824	0	0	0	8,384,265	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140250

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

Worksheet A-8

Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			*** Cost Center Deleted ***	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)	A	-90,655	COMMUNICATIONS	5.01	7.00
8.00 Television and radio service (chapter 21)		0		0.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,384,808			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	8,287,439			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests		0		0.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts	A	-13,757	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines		0		0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)	A	-26,760	UTILIZATION REVIEW-SNF	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			*** Cost Center Deleted ***	2.00	27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant				0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A			0.00	32.00
33.00 RESIDENTS NOT IN APPROVED PROGRAM	A	-253,208	I&R SERVICES-NOT APPRVD PRGM	100.00	33.00
33.01 OTHER NONALLOWABLE EXPENSES	A	-40	ULTRASOUND	56.01	33.01
33.02 OTHER NONALLOWABLE EXPENSES	A	-234	CARDIAC CATHETERIZATION	59.00	33.02
33.03 OTHER NONALLOWABLE EXPENSES	A	-4,530	INTRAVENOUS THERAPY	64.00	33.03
33.04 OTHER NONALLOWABLE EXPENSES	A	-5,870	RESPIRATORY THERAPY	65.00	33.04
33.05 OTHER NONALLOWABLE EXPENSES	A	-7,234	PHYSICAL THERAPY	66.00	33.05
33.06 OTHER NONALLOWABLE EXPENSES	A	-36	OCCUPATIONAL THERAPY	67.00	33.06
33.07 OTHER NONALLOWABLE EXPENSES	A	-107	ASC (NON-DISTINCT PART)	75.00	33.07
33.08 OTHER NONALLOWABLE EXPENSES	A	-525	RENAL DIALYSIS	74.00	33.08
33.09 OTHER NONALLOWABLE EXPENSES	A	-522	SPEECH PATHOLOGY	68.00	33.09
33.10 OTHER NONALLOWABLE EXPENSES	A	-40	CARDIAC REHABILITATION	76.97	33.10
33.11 OTHER NONALLOWABLE EXPENSES	A	-1,875	CLINIC	90.00	33.11
33.12 OTHER NONALLOWABLE EXPENSES	A	-380	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	33.12
33.13 OTHER NONALLOWABLE EXPENSES	A	-23,110	ADULTS & PEDIATRICS	30.00	33.13
34.00 EMPLOYED PHYSICIANS	A	-382,774	ADMINISTRATION & GENERAL	5.06	34.00
34.05 EMPLOYED PHYSICIANS	A	-45,837	NURSING ADMINISTRATION	13.00	34.05
35.00 ALLOWABLE INTEREST EXPENSE	A	317,824	NEW CAP REL COSTS-BLDG & FIXT	1.00	35.00
36.00		0		0.00	36.00
36.05 AHP FEE	A	-1,104,035	ADMINISTRATION & GENERAL	5.06	36.05

ADJUSTMENTS TO EXPENSES

Provider CCN: 140250

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

Worksheet A-8

Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
37.00 OTHER NONALLOWABLE EXPENSES	A	-15,785	NURSING ADMINISTRATION	13.00 37.00
37.01 OTHER NONALLOWABLE EXPENSES	A	-3,774	RADIOLOGY-DIAGNOSTIC	54.00 37.01
38.00 "	A	-2,503	REGISTRATION	5.04 38.00
39.00 "	A	241	NURSERY	43.00 39.00
39.05 "	A	-317	COMMUNICATIONS	5.01 39.05
40.00 "	A	-1,999	PURCHASING	5.03 40.00
40.01 "	A	-420,226	ADMINISTRATION & GENERAL	5.06 40.01
40.02 "	A	-33,000	EMPLOYEE BENEFITS	4.00 40.02
40.03 AHA/IHA LOBBYING EXPENSES	A	-31,409	ADMINISTRATION & GENERAL	5.06 40.03
41.00 ADVERTISING COSTS	A	-32,093	ADMINISTRATION & GENERAL	5.06 41.00
42.00 OTHER NONALLOWABLE EXPENSES	A	-13,814	SOCIAL SERVICE	17.00 42.00
43.00 OTHER NONALLOWABLE EXPENSES	A	-1,436	DIETARY	10.00 43.00
44.00 OTHER NONALLOWABLE EXPENSES	A	-2,955	MEDICAL RECORDS & LIBRARY	16.00 44.00
45.00 OTHER NONALLOWABLE EXPENSES	A	-11,837	PARAMED PRGM-(SPECIFY)	23.00 45.00
45.01 OTHER NONALLOWABLE EXPENSES	A	-1,046	SKILLED NURSING FACILITY	44.00 45.01
45.02 BOOKED INTEREST EXPENSE	A	-1,691,549	INTEREST EXPENSE	113.00 45.02
45.06 ADJUST BOOK DEPR TO MEDICARE DEPR	A	-14,136	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.06
45.07 HHA EXPENSES	A	-64,544	HOME HEALTH AGENCY	101.00 45.07
45.10 OTHER NONALLOWABLE EXPENSES	A	-63,872	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00 45.10
45.11 "	A	-3,252	HOUSEKEEPING	9.00 45.11
45.12 "	A	-83,164	OPERATION OF PLANT	7.00 45.12
45.13		0		0.00 45.13
45.14		0		0.00 45.14
45.15 PUBLIC AID ASSESSMENT	A	-5,886,192	ADMINISTRATION & GENERAL	5.06 45.15
45.16		0		0.00 45.16
45.17 OTHER INCOME	B	-12,924	EMPLOYEE BENEFITS	4.00 45.17
45.18 OTHER INCOME	B	-22,727	REGISTRATION	5.04 45.18
45.19 OTHER INCOME	B	-88,563	ADMINISTRATION & GENERAL	5.06 45.19
45.20 OTHER NONALLOWABLE EXPENSES	A	-1,572	INTENSIVE CARE UNIT	31.00 45.20
45.21 OTHER NONALLOWABLE EXPENSES	A	-21,729	EMERGENCY	91.00 45.21
45.22 OTHER NONALLOWABLE EXPENSES	A	547	OPERATING ROOM	50.00 45.22
45.23 OTHER INCOME	B	-21,068	OPERATION OF PLANT	7.00 45.23
45.24 OTHER INCOME	B	-2,000	NURSING ADMINISTRATION	13.00 45.24
45.25 OTHER INCOME	B	-623,550	CAFETERIA	11.00 45.25
45.26 OTHER INCOME	B	-51,379	MEDICAL RECORDS & LIBRARY	16.00 45.26
45.27 OTHER INCOME	B	-29,489	PARAMED PRGM-(SPECIFY)	23.00 45.27
45.28 OTHER INCOME	B	-80,199	ADULTS & PEDIATRICS	30.00 45.28
45.29 OTHER INCOME	B	-8,315	NURSERY	43.00 45.29
45.30 OTHER INCOME	B	-20,309	RADIOLOGY-DIAGNOSTIC	54.00 45.30
45.31 OTHER INCOME	B	-23	LABORATORY	60.00 45.31
45.32 OTHER INCOME	B	-413	DRUGS CHARGED TO PATIENTS	73.00 45.32
45.33 OTHER INCOME	B	-17	RESPIRATORY THERAPY	65.00 45.33
45.34 OTHER INCOME	B	-90,896	CLINIC	90.00 45.34
45.35		0		0.00 45.35
45.36		0		0.00 45.36
45.37		0		0.00 45.37
45.38		0		0.00 45.38
45.39		0		0.00 45.39
45.40		0		0.00 45.40
45.41		0		0.00 45.41
45.42		0		0.00 45.42
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,194,362		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140250

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

Worksheet A-8

Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	RESIDENTS NOT IN APPROVED PROGRAM	0	33.00
33.01	OTHER NONALLOWABLE EXPENSES	0	33.01
33.02	OTHER NONALLOWABLE EXPENSES	0	33.02
33.03	OTHER NONALLOWABLE EXPENSES	0	33.03
33.04	OTHER NONALLOWABLE EXPENSES	0	33.04
33.05	OTHER NONALLOWABLE EXPENSES	0	33.05
33.06	OTHER NONALLOWABLE EXPENSES	0	33.06
33.07	OTHER NONALLOWABLE EXPENSES	0	33.07
33.08	OTHER NONALLOWABLE EXPENSES	0	33.08
33.09	OTHER NONALLOWABLE EXPENSES	0	33.09
33.10	OTHER NONALLOWABLE EXPENSES	0	33.10
33.11	OTHER NONALLOWABLE EXPENSES	0	33.11
33.12	OTHER NONALLOWABLE EXPENSES	0	33.12
33.13	OTHER NONALLOWABLE EXPENSES	0	33.13
34.00	EMPLOYED PHYSICIANS	0	34.00
34.05	EMPLOYED PHYSICIANS	0	34.05
35.00	ALLOWABLE INTEREST EXPENSE	11	35.00
36.00		0	36.00
36.05	AHP FEE	0	36.05
37.00	OTHER NONALLOWABLE EXPENSES	0	37.00
37.01	OTHER NONALLOWABLE EXPENSES	0	37.01
38.00	"	0	38.00
39.00	"	0	39.00
39.05	"	0	39.05
40.00	"	0	40.00
40.01	"	0	40.01
40.02	"	0	40.02
40.03	AHA/IHA LOBBYING EXPENSES	0	40.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 140250

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

Worksheet A-8

Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
41.00	ADVERTISING COSTS	0	41.00
42.00	OTHER NONALLOWABLE EXPENSES	0	42.00
43.00	OTHER NONALLOWABLE EXPENSES	0	43.00
44.00	OTHER NONALLOWABLE EXPENSES	0	44.00
45.00	OTHER NONALLOWABLE EXPENSES	0	45.00
45.01	OTHER NONALLOWABLE EXPENSES	0	45.01
45.02	BOOKED INTEREST EXPENSE	0	45.02
45.06	ADJUST BOOK DEPR TO MEDICARE DEPR	9	45.06
45.07	HHA EXPENSES	0	45.07
45.10	OTHER NONALLOWABLE EXPENSES	0	45.10
45.11	"	0	45.11
45.12	"	0	45.12
45.13		0	45.13
45.14		0	45.14
45.15	PUBLIC AID ASSESSMENT	0	45.15
45.16		0	45.16
45.17	OTHER INCOME	0	45.17
45.18	OTHER INCOME	0	45.18
45.19	OTHER INCOME	0	45.19
45.20	OTHER NONALLOWABLE EXPENSES	0	45.20
45.21	OTHER NONALLOWABLE EXPENSES	0	45.21
45.22	OTHER NONALLOWABLE EXPENSES	0	45.22
45.23	OTHER INCOME	0	45.23
45.24	OTHER INCOME	0	45.24
45.25	OTHER INCOME	0	45.25
45.26	OTHER INCOME	0	45.26
45.27	OTHER INCOME	0	45.27
45.28	OTHER INCOME	0	45.28
45.29	OTHER INCOME	0	45.29
45.30	OTHER INCOME	0	45.30
45.31	OTHER INCOME	0	45.31
45.32	OTHER INCOME	0	45.32
45.33	OTHER INCOME	0	45.33
45.34	OTHER INCOME	0	45.34
45.35		0	45.35
45.36		0	45.36
45.37		0	45.37
45.38		0	45.38
45.39		0	45.39
45.40		0	45.40
45.41		0	45.41
45.42		0	45.42
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140250

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2012 9:51 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		5.06 ADMINISTRATION & GENERAL	HOME OFFICE ALLOCATION	1.00
2.00		5.02 DATA PROCESSING	HOME OFFICE ALLOCATION	2.00
3.00		4.00 EMPLOYEE BENEFITS	HOME OFFICE PERSONNEL ALLOC	3.00
4.00		1.00 NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE DEPR	4.00
4.01		0.00		4.01
4.02		0.00		4.02
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		B	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: 140250

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2012 9:51 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	3,215,837	0	3,215,837	0		1.00
2.00	2,121,438	0	2,121,438	0		2.00
3.00	1,814,917	0	1,814,917	0		3.00
4.00	1,135,247	0	1,135,247	9		4.00
4.01	0	0	0	0		4.01
4.02	0	0	0	0		4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	8,287,439	0	8,287,439		5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140250

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 9:51 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	1,048,311	1,048,311	1.00
2.00	43.00	NURSERY	664,080	664,080	2.00
3.00	50.00	OPERATING ROOM	129,449	129,449	3.00
4.00	53.00	ANESTHESIOLOGY	1,088,930	1,088,930	4.00
5.00	65.00	RESPIRATORY THERAPY	81,000	81,000	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	303,055	303,055	6.00
7.00	91.00	EMERGENCY	60,445	60,445	7.00
8.00	90.00	CLINIC	9,538	9,538	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00			3,384,808	3,384,808	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140250

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 9:51 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	200,300	0	0	0	1.00
2.00	0	177,200	0	0	0	2.00
3.00	0	177,200	0	0	0	3.00
4.00	0	200,300	0	0	0	4.00
5.00	0	177,200	0	0	0	5.00
6.00	0	225,300	0	0	0	6.00
7.00	0	208,000	0	0	0	7.00
8.00	0	177,200	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0		0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140250

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 9:51 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140250

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 9:51 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	1,048,311	1.00
2.00	0	664,080	2.00
3.00	0	129,449	3.00
4.00	0	1,088,930	4.00
5.00	0	81,000	5.00
6.00	0	303,055	6.00
7.00	0	60,445	7.00
8.00	0	9,538	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	0	3,384,808	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B Part I Date/Time Prepared: 5/30/2012 9:51 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS	COMMUNI CATIONS	DATA PROCESSING	
		NEW BLDG & FIXT				
	0	1.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	8,384,265	8,384,265				1.00
4.00 EMPLOYEE BENEFITS	16,375,565	62,998	16,438,563			4.00
5.01 COMMUNI CATIONS	814,400	31,293	106,519	952,212		5.01
5.02 DATA PROCESSING	4,045,981	81,669	0	14,435	4,142,085	5.02
5.03 PURCHASING	629,559	121,818	62,741	6,519	0	5.03
5.04 REGI STRATION	1,693,504	82,947	377,695	51,685	236,449	5.04
5.05 PATI ENT ACCOUNTING	1,558,574	0	216,621	25,144	1,604,477	5.05
5.06 ADMI NSTRATION & GENERAL	18,203,954	723,378	1,198,303	90,332	523,566	5.06
7.00 OPERATI ON OF PLANT	5,759,395	1,145,668	482,721	50,288	0	7.00
8.00 LAUNDRY & LI NEN SERVICE	987,189	23,419	29,080	0	0	8.00
9.00 HOUSEKEEPING	2,224,676	120,974	380,467	27,007	0	9.00
10.00 DI ETARY	1,551,682	157,745	232,867	13,038	0	10.00
11.00 CAFETERIA	1,064,309	167,697	247,597	13,503	0	11.00
13.00 NURSI NG ADMI NSTRATION	4,101,192	62,815	873,092	18,160	772,683	13.00
14.00 CENTRAL SERVICES & SUPPLY	752,741	82,148	96,764	6,053	0	14.00
15.00 PHARMACY	3,183,678	89,521	613,052	26,075	506,677	15.00
16.00 MEDI CAL RECORDS & LI BRARY	2,471,731	111,593	424,249	34,922	185,782	16.00
17.00 SOCI AL SERVI CE	512,056	9,016	114,036	6,984	0	17.00
23.00 PARAMED ED PRGM-(SPECIFY)	160,855	17,849	39,404	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDI ATRICS	18,760,511	1,965,553	4,296,652	166,230	0	30.00
31.00 INTENSI VE CARE UNIT	4,863,372	333,614	955,868	45,632	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BUR N INTENSI VE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGI CAL INTENSI VE CARE UNIT	0	0	0	0	0	34.00
41.00 SUBPROVI DER - I RF	0	0	0	0	0	41.00
42.00 SUBPROVI DER	0	0	0	0	0	42.00
43.00 NURSERY	741,721	38,529	170,464	6,053	0	43.00
44.00 SKI LLED NURSI NG FACI LITY	2,188,693	356,736	505,498	24,213	0	44.00
ANCI LLARY SERVI CE COST CENTERS						
50.00 OPERATI NG ROOM	4,899,488	501,813	858,960	44,235	0	50.00
53.00 ANESTHESI OLOGY	121,930	9,130	9,051	0	0	53.00
54.00 RADI OLOGY-DI AGNOSTIC	5,308,800	534,111	1,016,663	81,951	147,781	54.00
56.00 RADI OI SOTOPE	808,182	61,468	91,290	4,656	0	56.00
56.01 ULTRASOUND	628,711	0	146,755	2,794	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 CARDI AC CATHETERI ZATION	1,495,397	89,840	212,865	15,831	0	59.00
60.00 LABORATORY	5,215,989	218,506	0	27,472	164,670	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	563,352	25,062	0	0	0	62.00
64.00 INTRAVENOUS THERAPY	475,725	6,026	97,520	2,328	0	64.00
65.00 RESPI RATORY THERAPY	1,347,439	49,006	306,708	9,313	0	65.00
66.00 PHYSI CAL THERAPY	2,426,658	104,448	12,599	8,381	0	66.00
67.00 OCCUPATI ONAL THERAPY	979,456	42,980	5,186	2,794	0	67.00
68.00 SPEECH PATHOLOGY	156,227	0	36,964	931	0	68.00
69.00 ELECTROCARDIOLOGY	1,215,008	27,687	195,812	15,831	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	126,137	7,852	29,601	3,725	0	70.00
71.00 MEDI CAL SUPPLI ES CHARGED TO PATIENTS	10,070,963	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	7,886,766	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	7,445,176	0	0	0	0	73.00
74.00 RENAL DI ALYSIS	466,724	21,889	86,299	3,259	0	74.00
75.00 ASC (NON-DI STI NCT PART)	1,315,787	165,004	285,211	16,297	0	75.00
76.00 PULMONARY FUNCTI ON TESTI NG	120,913	7,213	28,264	1,397	0	76.00
76.97 CARDI AC REHABI LI TATI ON	231,811	68,590	54,021	4,656	0	76.97
OUTPATI ENT SERVI CE COST CENTERS						
88.00 RURAL HEALTH CLI NIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLI NIC	1,090,183	162,196	103,228	15,831	0	90.00
91.00 EMERGENCY	6,513,485	450,388	1,392,951	62,860	0	91.00
92.00 OBSERVATI ON BEDS (NON-DI STI NCT PART)						92.00
93.00 SLEEP LAB	232,528	17,028	44,925	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
100.00 I & R SERVI CES-NOT APPRVD PRGM	16,841	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECI AL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUI SI TI ON	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE							113.00
114.00 UTILIZATION REVIEW-SNF							114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	162,189,279	8,357,217		16,438,563	950,815	4,142,085	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,872	27,048		0	1,397	0	190.00
190.01 NONREIMBURSABLE HHA	0	0		0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0		0	0	0	192.00
194.00 FUND RAISING	0	0		0	0	0	194.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers		0		0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	162,191,151	8,384,265		16,438,563	952,212	4,142,085	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	PURCHASING	REGISTRATION	PATIENT ACCOUNTING	Subtotal	ADMINISTRATION & GENERAL	
	5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING	820,637					5.03
5.04 REGISTRATION	49	2,442,329				5.04
5.05 PATIENT ACCOUNTING	0	0	3,404,816			5.05
5.06 ADMINISTRATION & GENERAL	585	0	0	20,740,118	20,740,118	5.06
7.00 OPERATION OF PLANT	1,469	0	0	7,439,541	1,090,815	7.00
8.00 LAUNDRY & LINEN SERVICE	1	0	0	1,039,689	152,443	8.00
9.00 HOUSEKEEPING	288	0	0	2,753,412	403,716	9.00
10.00 DIETARY	12	0	0	1,955,344	286,700	10.00
11.00 CAFETERIA	12	0	0	1,493,118	218,927	11.00
13.00 NURSING ADMINISTRATION	5	0	0	5,827,947	854,517	13.00
14.00 CENTRAL SERVICES & SUPPLY	3,943	0	0	941,649	138,068	14.00
15.00 PHARMACY	1,020	0	0	4,420,023	648,081	15.00
16.00 MEDICAL RECORDS & LIBRARY	3	0	0	3,228,280	473,343	16.00
17.00 SOCIAL SERVICE	0	0	0	642,092	94,146	17.00
23.00 PARAMED ED PRGM-(SPECIFY)	33	0	0	218,141	31,985	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	49,894	238,870	332,974	25,810,684	3,784,474	30.00
31.00 INTENSIVE CARE UNIT	15,400	71,575	99,772	6,385,233	936,228	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
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,346	7,743	10,793	976,649	143,200	43.00
44.00 SKILLED NURSING FACILITY	5,454	25,290	35,254	3,141,138	460,566	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	398,155	271,324	378,213	7,352,188	1,078,007	50.00
53.00 ANESTHESIOLOGY	11,184	43,386	60,478	255,159	37,412	53.00
54.00 RADIOLOGY-DIAGNOSTIC	25,349	335,621	468,161	7,918,437	1,161,033	54.00
56.00 RADIOISOTOPE	316	29,468	41,077	1,036,457	151,969	56.00
56.01 ULTRASOUND	1,539	32,552	45,376	857,727	125,763	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	170,423	90,186	125,715	2,200,257	322,610	59.00
60.00 LABORATORY	0	197,732	275,629	6,099,998	894,406	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	63,680	22,680	31,615	706,389	103,574	62.00
64.00 INTRAVENOUS THERAPY	6,795	3,042	4,241	595,677	87,341	64.00
65.00 RESPIRATORY THERAPY	9,004	55,728	77,682	1,854,880	271,970	65.00
66.00 PHYSICAL THERAPY	515	29,349	40,911	2,622,861	384,574	66.00
67.00 OCCUPATIONAL THERAPY	212	11,953	16,662	1,059,243	155,310	67.00
68.00 SPEECH PATHOLOGY	106	3,138	4,374	201,740	29,580	68.00
69.00 ELECTROCARDIOLOGY	1,181	58,659	81,768	1,595,946	234,004	69.00
70.00 ELECTROENCEPHALOGRAPHY	468	7,189	10,021	184,993	27,124	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	119,793	166,987	10,357,743	1,518,694	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	105,018	146,391	8,138,175	1,193,252	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	280,364	390,814	8,116,354	1,190,052	73.00
74.00 RENAL DIALYSIS	3,914	12,328	17,185	611,598	89,675	74.00
75.00 ASC (NON-DISTINCT PART)	1,447	21,331	29,735	1,834,812	269,027	75.00
76.00 PULMONARY FUNCTION TESTING	235	5,244	7,309	170,575	25,010	76.00
76.97 CARDIAC REHABILITATION	44	2,332	3,250	364,704	53,474	76.97
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	16,034	21,944	30,589	1,440,005	211,139	90.00
91.00 EMERGENCY	29,947	328,367	457,729	9,235,727	1,354,179	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00
93.00 SLEEP LAB	575	10,123	14,111	319,290	46,816	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	16,841	2,469	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

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Cost Center Description	PURCHASING	REGISTRATION	PATIENT ACCOUNTING	Subtotal	ADMINISTRATION & GENERAL	
	5.03	5.04	5.05	5A.05	5.06	
118.00 SUBTOTALS (SUM OF LINES 1-117)	820,637	2,442,329	3,404,816	162,160,834	20,735,673	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	30,317	4,445	190.00
190.01 NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 FUND RAISING	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	820,637	2,442,329	3,404,816	162,191,151	20,740,118	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 REGISTRATION						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 ADMINISTRATION & GENERAL						5.06
7.00 OPERATION OF PLANT	8,530,356					7.00
8.00 LAUNDRY & LINEN SERVICE	32,565	1,224,697				8.00
9.00 HOUSEKEEPING	168,221	0	3,325,349			9.00
10.00 DIETARY	219,354	0	87,571	2,548,969		10.00
11.00 CAFETERIA	233,192	0	93,096	0	2,038,333	11.00
13.00 NURSING ADMINISTRATION	87,348	0	34,871	0	92,455	13.00
14.00 CENTRAL SERVICES & SUPPLY	114,232	0	45,604	0	21,360	14.00
15.00 PHARMACY	124,483	0	49,697	0	66,378	15.00
16.00 MEDICAL RECORDS & LIBRARY	155,176	0	61,950	0	87,714	16.00
17.00 SOCIAL SERVICE	12,537	0	5,005	0	16,595	17.00
23.00 PARAMED ED PRGM-(SPECIFY)	24,821	0	9,909	0	19,013	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,733,211	613,225	1,091,155	1,692,934	656,148	30.00
31.00 INTENSIVE CARE UNIT	463,909	78,528	185,203	249,725	122,752	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
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	53,577	0	21,389	0	18,965	43.00
44.00 SKILLED NURSING FACILITY	496,061	39,078	198,039	364,825	85,343	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	697,799	151,320	278,577	0	123,274	50.00
53.00 ANESTHESIOLOGY	12,696	0	5,068	0	2,371	53.00
54.00 RADIOLOGY-DIAGNOSTIC	742,711	37,824	296,507	0	168,316	54.00
56.00 RADIOISOTOPE	85,475	7,700	34,124	0	9,483	56.00
56.01 ULTRASOUND	0	9,062	0	0	18,965	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	124,928	7,033	49,874	0	26,077	59.00
60.00 LABORATORY	303,845	0	121,302	0	105,541	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	34,850	0	13,913	0	10,621	62.00
64.00 INTRAVENOUS THERAPY	8,379	0	3,345	0	11,853	64.00
65.00 RESPIRATORY THERAPY	68,145	0	27,205	0	47,413	65.00
66.00 PHYSICAL THERAPY	145,241	0	57,984	0	2,371	66.00
67.00 OCCUPATIONAL THERAPY	59,766	0	23,860	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	4,741	68.00
69.00 ELECTROCARDIOLOGY	38,500	7,683	15,370	0	33,189	69.00
70.00 ELECTROENCEPHALOGRAPHY	10,918	1,554	4,359	0	7,112	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,347	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	30,438	0	12,152	0	9,483	74.00
75.00 ASC (NON-DISTINCT PART)	229,447	77,265	91,600	51,789	35,560	75.00
76.00 PULMONARY FUNCTION TESTING	10,030	0	4,004	0	4,741	76.00
76.97 CARDIAC REHABILITATION	95,378	1,195	38,077	0	7,112	76.97
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	225,543	0	90,042	10,912	14,224	90.00
91.00 EMERGENCY	626,290	193,230	250,029	178,452	199,704	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 SLEEP LAB	23,678	0	9,453	332	7,112	93.00
OTHER REIMBURSABLE COST CENTERS						
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						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
118.00	SUBTOTALS (SUM OF LINES 1-117)	7.00	8.00	9.00	10.00	11.00	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,612	0	15,015	0	0	190.00
190.01	NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	FUND RAISING	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	8,530,356	1,224,697	3,325,349	2,548,969	2,038,333	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
	ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		
	13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 REGISTRATION						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 ADMINISTRATION & GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	6,897,138					13.00
14.00 CENTRAL SERVICES & SUPPLY	0	1,260,913				14.00
15.00 PHARMACY	0	0	5,308,662			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	4,006,463		16.00
17.00 SOCIAL SERVICE	48,505	0	0	1,074	819,954	17.00
23.00 PARAMED PRGM-(SPECIFY)	7,135	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,484,175	0	89,460	533,275	450,531	30.00
31.00 INTENSIVE CARE UNIT	662,875	0	25,398	0	66,473	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
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	88,502	0	1,022	52,008	0	43.00
44.00 SKILLED NURSING FACILITY	435,308	0	5,144	152,035	97,961	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	582,400	0	25,444	163,848	0	50.00
53.00 ANESTHESIOLOGY	6,106	0	48,699	54,309	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	7,135	0	7,352	2,052,096	0	54.00
56.00 RADIOISOTOPE	0	0	253,019	0	0	56.00
56.01 ULTRASOUND	0	0	1,109	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	144,073	0	3,804	0	0	59.00
60.00 LABORATORY	0	0	0	178,116	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	23,780	0	62.00
64.00 INTRAVENOUS THERAPY	51,866	0	37,787	0	0	64.00
65.00 RESPIRATORY THERAPY	6,861	0	38	7,057	0	65.00
66.00 PHYSICAL THERAPY	6,586	0	4	9,665	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	3,682	0	67.00
68.00 SPEECH PATHOLOGY	6,175	0	0	767	0	68.00
69.00 ELECTROCARDIOLOGY	100,234	0	3,051	277,990	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	21,268	0	0	14,575	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	274	707,120	314	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	553,793	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	4,633,574	0	0	73.00
74.00 RENAL DIALYSIS	45,280	0	891	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	117,180	0	36,263	151,268	0	75.00
76.00 PULMONARY FUNCTION TESTING	6,998	0	0	767	0	76.00
76.97 CARDIAC REHABILITATION	7,272	0	2	0	0	76.97
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	35,538	0	12,622	0	0	90.00
91.00 EMERGENCY	978,945	0	123,665	329,691	204,989	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 SLEEP LAB	46,447	0	0	460	0	93.00
OTHER REIMBURSABLE COST CENTERS						
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						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	13.00	14.00	15.00	16.00	17.00	
114.00 UTILIZATION REVIEW-SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	6,897,138	1,260,913	5,308,662	4,006,463	819,954	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 FUND RAISING	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	6,897,138	1,260,913	5,308,662	4,006,463	819,954	202.00

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Cost Center Description	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 REGISTRATION					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 ADMINISTRATION & GENERAL					5.06
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
23.00 PARAMED PRGM-(SPECIFY)	311,004				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	51,834	40,991,106	0	40,991,106	30.00
31.00 INTENSIVE CARE UNIT	51,834	9,228,158	0	9,228,158	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
41.00 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	42.00
43.00 NURSERY	0	1,355,312	0	1,355,312	43.00
44.00 SKILLED NURSING FACILITY	0	5,475,498	0	5,475,498	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	10,452,857	0	10,452,857	50.00
53.00 ANESTHESIOLOGY	0	421,820	0	421,820	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	12,391,411	0	12,391,411	54.00
56.00 RADIOISOTOPE	0	1,578,227	0	1,578,227	56.00
56.01 ULTRASOUND	0	1,012,626	0	1,012,626	56.01
57.00 CT SCAN	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	2,878,656	0	2,878,656	59.00
60.00 LABORATORY	0	7,703,208	0	7,703,208	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	893,127	0	893,127	62.00
64.00 INTRAVENOUS THERAPY	0	796,248	0	796,248	64.00
65.00 RESPIRATORY THERAPY	0	2,283,569	0	2,283,569	65.00
66.00 PHYSICAL THERAPY	0	3,229,286	0	3,229,286	66.00
67.00 OCCUPATIONAL THERAPY	0	1,301,861	0	1,301,861	67.00
68.00 SPEECH PATHOLOGY	0	243,003	0	243,003	68.00
69.00 ELECTROCARDIOLOGY	0	2,305,967	0	2,305,967	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	271,903	0	271,903	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,586,492	0	12,586,492	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	9,885,220	0	9,885,220	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	13,939,980	0	13,939,980	73.00
74.00 RENAL DIALYSIS	0	799,517	0	799,517	74.00
75.00 ASC (NON-DISTINCT PART)	0	2,894,211	0	2,894,211	75.00
76.00 PULMONARY FUNCTION TESTING	0	222,125	0	222,125	76.00
76.97 CARDIAC REHABILITATION	0	567,214	0	567,214	76.97
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	2,040,025	0	2,040,025	90.00
91.00 EMERGENCY	207,336	13,882,237	0	13,882,237	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 SLEEP LAB	0	453,588	0	453,588	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	19,310	0	19,310	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	23.00	24.00	25.00	26.00		
112.00 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0		112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	311,004	162,103,762	0	162,103,762		118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	87,389	0	87,389		190.00
190.01 NONREIMBURSABLE HHA	0	0	0	0		190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00 FUND RAISING	0	0	0	0		194.00
200.00 Cross Foot Adjustments	0	0	0	0		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	311,004	162,191,151	0	162,191,151		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

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Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS	0	62,998	62,998	62,998		4.00
5.01	COMMUNICATIONS	63,830	31,293	95,123	408	95,531	5.01
5.02	DATA PROCESSING	0	81,669	81,669	0	1,448	5.02
5.03	PURCHASING	18,888	121,818	140,706	240	654	5.03
5.04	REGISTRATION	0	82,947	82,947	1,447	5,185	5.04
5.05	PATIENT ACCOUNTING	0	0	0	830	2,523	5.05
5.06	ADMINISTRATION & GENERAL	153,771	723,378	877,149	4,592	9,063	5.06
7.00	OPERATION OF PLANT	1,773	1,145,668	1,147,441	1,850	5,045	7.00
8.00	LAUNDRY & LINEN SERVICE	0	23,419	23,419	111	0	8.00
9.00	HOUSEKEEPING	0	120,974	120,974	1,458	2,709	9.00
10.00	DIETARY	4,800	157,745	162,545	892	1,308	10.00
11.00	CAFETERIA	0	167,697	167,697	949	1,355	11.00
13.00	NURSING ADMINISTRATION	0	62,815	62,815	3,346	1,822	13.00
14.00	CENTRAL SERVICES & SUPPLY	176,970	82,148	259,118	371	607	14.00
15.00	PHARMACY	503,199	89,521	592,720	2,349	2,616	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	111,593	111,593	1,626	3,504	16.00
17.00	SOCIAL SERVICE	0	9,016	9,016	437	701	17.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	17,849	17,849	151	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	1,965,553	1,965,553	16,471	16,679	30.00
31.00	INTENSIVE CARE UNIT	0	333,614	333,614	3,663	4,578	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
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	419	38,529	38,948	653	607	43.00
44.00	SKILLED NURSING FACILITY	0	356,736	356,736	1,937	2,429	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	83,243	501,813	585,056	3,291	4,438	50.00
53.00	ANESTHESIOLOGY	2,149	9,130	11,279	35	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	493,265	534,111	1,027,376	3,896	8,222	54.00
56.00	RADIOISOTOPE	0	61,468	61,468	350	467	56.00
56.01	ULTRASOUND	0	0	0	562	280	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	495,072	89,840	584,912	816	1,588	59.00
60.00	LABORATORY	0	218,506	218,506	0	2,756	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	25,062	25,062	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	6,026	6,026	374	234	64.00
65.00	RESPIRATORY THERAPY	40,514	49,006	89,520	1,175	934	65.00
66.00	PHYSICAL THERAPY	0	104,448	104,448	48	841	66.00
67.00	OCCUPATIONAL THERAPY	0	42,980	42,980	20	280	67.00
68.00	SPEECH PATHOLOGY	0	0	0	142	93	68.00
69.00	ELECTROCARDIOLOGY	134,071	27,687	161,758	750	1,588	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	7,852	7,852	113	374	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	21,889	21,889	331	327	74.00
75.00	ASC (NON-DISTINCT PART)	20,041	165,004	185,045	1,093	1,635	75.00
76.00	PULMONARY FUNCTION TESTING	0	7,213	7,213	108	140	76.00
76.97	CARDIAC REHABILITATION	0	68,590	68,590	207	467	76.97
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	162,196	162,196	396	1,588	90.00
91.00	EMERGENCY	0	450,388	450,388	5,338	6,306	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	SLEEP LAB	41,060	17,028	58,088	172	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE							113.00
114.00 UTILIZATION REVIEW-SNF							114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,233,065	8,357,217		10,590,282	62,998	95,391	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,048		27,048	0	140	190.00
190.01 NONREIMBURSABLE HHA	0	0		0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0		0	0	0	192.00
194.00 FUND RAISING	0	0		0	0	0	194.00
200.00 Cross Foot Adjustments				0			200.00
201.00 Negative Cost Centers		0		0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,233,065	8,384,265		10,617,330	62,998	95,531	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140250		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 9:51 am	
Cost Center Description		DATA PROCESSING	PURCHASING	REGISTRATION	PATIENT ACCOUNTING	ADMINISTRATION & GENERAL	
		5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING	83,117					5.02
5.03	PURCHASING	0	141,600				5.03
5.04	REGISTRATION	4,745	9	94,333			5.04
5.05	PATIENT ACCOUNTING	32,197	0	0	35,550		5.05
5.06	ADMINISTRATION & GENERAL	10,506	101	0	0	901,411	5.06
7.00	OPERATION OF PLANT	0	253	0	0	47,412	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6,626	8.00
9.00	HOUSEKEEPING	0	50	0	0	17,547	9.00
10.00	DIETARY	0	2	0	0	12,461	10.00
11.00	CAFETERIA	0	2	0	0	9,516	11.00
13.00	NURSING ADMINISTRATION	15,505	1	0	0	37,142	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	680	0	0	6,001	14.00
15.00	PHARMACY	10,167	176	0	0	28,169	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,728	1	0	0	20,574	16.00
17.00	SOCIAL SERVICE	0	0	0	0	4,092	17.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	6	0	0	1,390	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	8,609	9,233	3,492	164,438	30.00
31.00	INTENSIVE CARE UNIT	0	2,657	2,767	1,046	40,693	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
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	232	299	113	6,224	43.00
44.00	SKILLED NURSING FACILITY	0	941	978	370	20,018	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	68,702	10,487	3,966	46,855	50.00
53.00	ANESTHESIOLOGY	0	1,930	1,677	634	1,626	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,965	4,374	12,903	4,753	50,464	54.00
56.00	RADIOISOTOPE	0	55	1,139	431	6,605	56.00
56.01	ULTRASOUND	0	266	1,258	476	5,466	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	29,404	3,486	1,318	14,022	59.00
60.00	LABORATORY	3,304	0	7,643	2,891	38,875	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	10,987	877	332	4,502	62.00
64.00	INTRAVENOUS THERAPY	0	1,172	118	44	3,796	64.00
65.00	RESPIRATORY THERAPY	0	1,554	2,154	815	11,821	65.00
66.00	PHYSICAL THERAPY	0	89	1,134	429	16,715	66.00
67.00	OCCUPATIONAL THERAPY	0	37	462	175	6,751	67.00
68.00	SPEECH PATHOLOGY	0	18	121	46	1,286	68.00
69.00	ELECTROCARDIOLOGY	0	204	2,267	858	10,171	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	81	278	105	1,179	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,630	1,751	66,010	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	4,059	1,535	51,865	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	10,837	4,098	51,726	73.00
74.00	RENAL DIALYSIS	0	675	477	180	3,898	74.00
75.00	ASC (NON-DISTINCT PART)	0	250	825	312	11,693	75.00
76.00	PULMONARY FUNCTION TESTING	0	41	203	77	1,087	76.00
76.97	CARDIAC REHABILITATION	0	8	90	34	2,324	76.97
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	2,767	848	321	9,177	90.00
91.00	EMERGENCY	0	5,167	12,692	4,800	58,859	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	SLEEP LAB	0	99	391	148	2,035	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	107	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

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Cost Center Description	DATA	PURCHASING	REGISTRATION	PATIENT	ADMINISTRATION	
	PROCESSING			ACCOUNTING	& GENERAL	
	5.02	5.03	5.04	5.05	5.06	
118.00 SUBTOTALS (SUM OF LINES 1-117)	83,117	141,600	94,333	35,550	901,218	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	193	190.00
190.01 NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 FUND RAISING	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	83,117	141,600	94,333	35,550	901,411	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140250		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 9:51 am	
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING						5.03
5.04	REGISTRATION						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	ADMINISTRATION & GENERAL						5.06
7.00	OPERATION OF PLANT	1,202,001					7.00
8.00	LAUNDRY & LINEN SERVICE	4,589	34,745				8.00
9.00	HOUSEKEEPING	23,704	0	166,442			9.00
10.00	DIETARY	30,909	0	4,383	212,500		10.00
11.00	CAFETERIA	32,859	0	4,660	0	217,038	11.00
13.00	NURSING ADMINISTRATION	12,308	0	1,745	0	9,844	13.00
14.00	CENTRAL SERVICES & SUPPLY	16,096	0	2,283	0	2,274	14.00
15.00	PHARMACY	17,541	0	2,487	0	7,068	15.00
16.00	MEDICAL RECORDS & LIBRARY	21,866	0	3,101	0	9,340	16.00
17.00	SOCIAL SERVICE	1,767	0	251	0	1,767	17.00
23.00	PARAMED ED PRGM-(SPECIFY)	3,497	0	496	0	2,024	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	385,132	17,397	54,616	141,134	69,868	30.00
31.00	INTENSIVE CARE UNIT	65,369	2,228	9,270	20,819	13,070	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
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	7,549	0	1,071	0	2,019	43.00
44.00	SKILLED NURSING FACILITY	69,899	1,109	9,912	30,414	9,087	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	98,326	4,293	13,943	0	13,126	50.00
53.00	ANESTHESIOLOGY	1,789	0	254	0	252	53.00
54.00	RADIOLOGY-DIAGNOSTIC	104,654	1,073	14,841	0	17,922	54.00
56.00	RADIOISOTOPE	12,044	218	1,708	0	1,010	56.00
56.01	ULTRASOUND	0	257	0	0	2,019	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	17,603	200	2,496	0	2,777	59.00
60.00	LABORATORY	42,814	0	6,071	0	11,238	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,911	0	696	0	1,131	62.00
64.00	INTRAVENOUS THERAPY	1,181	0	167	0	1,262	64.00
65.00	RESPIRATORY THERAPY	9,602	0	1,362	0	5,048	65.00
66.00	PHYSICAL THERAPY	20,466	0	2,902	0	252	66.00
67.00	OCCUPATIONAL THERAPY	8,422	0	1,194	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	505	68.00
69.00	ELECTROCARDIOLOGY	5,425	218	769	0	3,534	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,539	44	218	0	757	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	250	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	4,289	0	608	0	1,010	74.00
75.00	ASC (NON-DISTINCT PART)	32,331	2,192	4,585	4,318	3,786	75.00
76.00	PULMONARY FUNCTION TESTING	1,413	0	200	0	505	76.00
76.97	CARDIAC REHABILITATION	13,440	34	1,906	0	757	76.97
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	31,781	0	4,507	910	1,515	90.00
91.00	EMERGENCY	88,250	5,482	12,515	14,877	21,264	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	SLEEP LAB	3,336	0	473	28	757	93.00
OTHER REIMBURSABLE COST CENTERS							
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							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,196,701	34,745	165,690	212,500	217,038	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,300	0	752	0	0	190.00
190.01	NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	FUND RAISING	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,202,001	34,745	166,442	212,500	217,038	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 REGISTRATION						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 ADMINISTRATION & GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	144,528					13.00
14.00 CENTRAL SERVICES & SUPPLY	0	287,430				14.00
15.00 PHARMACY	0	0	663,293			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	175,333		16.00
17.00 SOCIAL SERVICE	1,016	0	0	47	19,094	17.00
23.00 PARAMED PRGM-(SPECIFY)	150	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	73,009	0	11,178	23,337	10,491	30.00
31.00 INTENSIVE CARE UNIT	13,890	0	3,173	0	1,548	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
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,855	0	128	2,276	0	43.00
44.00 SKILLED NURSING FACILITY	9,122	0	643	6,653	2,281	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	12,204	0	3,179	7,170	0	50.00
53.00 ANESTHESIOLOGY	128	0	6,085	2,377	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	150	0	919	89,804	0	54.00
56.00 RADIOISOTOPE	0	0	31,614	0	0	56.00
56.01 ULTRASOUND	0	0	139	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	3,019	0	475	0	0	59.00
60.00 LABORATORY	0	0	0	7,795	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,041	0	62.00
64.00 INTRAVENOUS THERAPY	1,087	0	4,721	0	0	64.00
65.00 RESPIRATORY THERAPY	144	0	5	309	0	65.00
66.00 PHYSICAL THERAPY	138	0	0	423	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	161	0	67.00
68.00 SPEECH PATHOLOGY	129	0	0	34	0	68.00
69.00 ELECTROCARDIOLOGY	2,100	0	381	12,166	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	446	0	0	638	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	6	161,191	39	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	126,239	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	578,944	0	0	73.00
74.00 RENAL DIALYSIS	949	0	111	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	2,455	0	4,531	6,620	0	75.00
76.00 PULMONARY FUNCTION TESTING	147	0	0	34	0	76.00
76.97 CARDIAC REHABILITATION	152	0	0	0	0	76.97
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	745	0	1,577	0	0	90.00
91.00 EMERGENCY	20,514	0	15,451	14,428	4,774	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 SLEEP LAB	973	0	0	20	0	93.00
OTHER REIMBURSABLE COST CENTERS						
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						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	13.00	14.00	15.00	16.00	17.00	
114.00 UTILIZATION REVIEW-SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	144,528	287,430	663,293	175,333	19,094	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 FUND RAISING	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	144,528	287,430	663,293	175,333	19,094	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	COMMUNICATIONS					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING					5.03
5.04	REGISTRATION					5.04
5.05	PATIENT ACCOUNTING					5.05
5.06	ADMINISTRATION & GENERAL					5.06
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE					17.00
23.00	PARAMED PRGM-(SPECIFY)	25,563				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		2,970,637	0	2,970,637	30.00
31.00	INTENSIVE CARE UNIT		518,385	0	518,385	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
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		61,974	0	61,974	43.00
44.00	SKILLED NURSING FACILITY		522,529	0	522,529	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		875,036	0	875,036	50.00
53.00	ANESTHESIOLOGY		28,066	0	28,066	53.00
54.00	RADIOLOGY-DIAGNOSTIC		1,344,316	0	1,344,316	54.00
56.00	RADIOISOTOPE		117,109	0	117,109	56.00
56.01	ULTRASOUND		10,723	0	10,723	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		662,116	0	662,116	59.00
60.00	LABORATORY		341,893	0	341,893	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		49,539	0	49,539	62.00
64.00	INTRAVENOUS THERAPY		20,182	0	20,182	64.00
65.00	RESPIRATORY THERAPY		124,443	0	124,443	65.00
66.00	PHYSICAL THERAPY		147,885	0	147,885	66.00
67.00	OCCUPATIONAL THERAPY		60,482	0	60,482	67.00
68.00	SPEECH PATHOLOGY		2,374	0	2,374	68.00
69.00	ELECTROCARDIOLOGY		202,189	0	202,189	69.00
70.00	ELECTROENCEPHALOGRAPHY		13,624	0	13,624	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		233,877	0	233,877	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		183,698	0	183,698	72.00
73.00	DRUGS CHARGED TO PATIENTS		645,605	0	645,605	73.00
74.00	RENAL DIALYSIS		34,744	0	34,744	74.00
75.00	ASC (NON-DISTINCT PART)		261,671	0	261,671	75.00
76.00	PULMONARY FUNCTION TESTING		11,168	0	11,168	76.00
76.97	CARDIAC REHABILITATION		88,009	0	88,009	76.97
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		218,328	0	218,328	90.00
91.00	EMERGENCY		741,105	0	741,105	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
93.00	SLEEP LAB		66,520	0	66,520	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF		0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM		107	0	107	100.00
101.00	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	23.00	24.00	25.00	26.00		
112.00 OTHER ORGAN ACQUISITION (SPECIF		0	0	0		112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	10,558,334	0	10,558,334		118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN		33,433	0	33,433		190.00
190.01 NONREIMBURSABLE HHA		0	0	0		190.01
192.00 PHYSICIANS' PRIVATE OFFICES		0	0	0		192.00
194.00 FUND RAISING		0	0	0		194.00
200.00 Cross Foot Adjustments	25,563	25,563	0	25,563		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	25,563	10,617,330	0	10,617,330		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	CAPI TAL	EMPLOYEE	COMMUNI CATIONS	DATA	PURCHASING				
	RELATED COSTS						BENEFI TS	PROCESSING	(SUPPLY
	NEW BLDG & FIXT (SQUARE FEET)						(GROSS SALARI)	(CPU TIME)	REQUI S)
	1.00	4.00	5.01	5.02	5.03				
GENERAL SERVICE COST CENTERS									
1.00 NEW CAP REL COSTS-BLDG & FIXT	367,324					1.00			
4.00 EMPLOYEE BENEFITS	2,760	64,739,367				4.00			
5.01 COMMUNI CATIONS	1,371	419,499	2,045			5.01			
5.02 DATA PROCESSING	3,578	0	31	981		5.02			
5.03 PURCHASING	5,337	247,091	14	0	17,957,125	5.03			
5.04 REGI STRATION	3,634	1,487,462	111	56	1,083	5.04			
5.05 PATI ENT ACCOUNTI NG	0	853,111	54	380	0	5.05			
5.06 ADMI NSTRATION & GENERAL	31,692	4,719,233	194	124	12,794	5.06			
7.00 OPERATI ON OF PLANT	50,193	1,901,082	108	0	32,147	7.00			
8.00 LAUNDRY & LI NEN SERVI CE	1,026	114,523	0	0	26	8.00			
9.00 HOUSEKEEPI NG	5,300	1,498,379	58	0	6,309	9.00			
10.00 DI ETARY	6,911	917,092	28	0	254	10.00			
11.00 CAFETERIA	7,347	975,102	29	0	271	11.00			
13.00 NURSI NG ADMI NI STRATION	2,752	3,438,466	39	183	103	13.00			
14.00 CENTRAL SERVI CES & SUPPLY	3,599	381,084	13	0	86,275	14.00			
15.00 PHARMACY	3,922	2,414,360	56	120	22,322	15.00			
16.00 MEDI CAL RECORDS & LIBRARY	4,889	1,670,806	75	44	73	16.00			
17.00 SOCI AL SERVI CE	395	449,102	15	0	7	17.00			
23.00 PARAMED ED PRGM-(SPECI FY)	782	155,185	0	0	730	23.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00 ADULTS & PEDI ATRICS	86,113	16,921,314	357	0	1,091,776	30.00			
31.00 INTENSI VE CARE UNIT	14,616	3,764,461	98	0	336,991	31.00			
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00			
33.00 BURN INTENSI VE CARE UNIT	0	0	0	0	0	33.00			
34.00 SURGI CAL INTENSI VE CARE UNIT	0	0	0	0	0	34.00			
41.00 SUBPROVI DER - I RF	0	0	0	0	0	41.00			
42.00 SUBPROVI DER	0	0	0	0	0	42.00			
43.00 NURSERY	1,688	671,333	13	0	29,456	43.00			
44.00 SKI LLED NURSI NG FACI LITY	15,629	1,990,785	52	0	119,334	44.00			
ANCI LLARY SERVI CE COST CENTERS									
50.00 OPERATI NG ROOM	21,985	3,382,810	95	0	8,712,393	50.00			
53.00 ANESTHESI OLOGY	400	35,645	0	0	244,737	53.00			
54.00 RADI OLOGY-DI AGNOSTI C	23,400	4,003,888	176	35	554,674	54.00			
56.00 RADI OI SOTOPE	2,693	359,526	10	0	6,921	56.00			
56.01 ULTRASOUND	0	577,958	6	0	33,676	56.01			
57.00 CT SCAN	0	0	0	0	0	57.00			
58.00 MAGNETI C RESONANCE I MAGING (MRI)	0	0	0	0	0	58.00			
59.00 CARDI AC CATHETERI ZATI ON	3,936	838,320	34	0	3,729,166	59.00			
60.00 LABORATORY	9,573	0	59	39	0	60.00			
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01			
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,098	0	0	0	1,393,439	62.00			
64.00 I NTRAVENOUS THERAPY	264	384,060	5	0	148,685	64.00			
65.00 RESPI RATORY THERAPY	2,147	1,207,897	20	0	197,020	65.00			
66.00 PHYSI CAL THERAPY	4,576	49,617	18	0	11,280	66.00			
67.00 OCCUPATI ONAL THERAPY	1,883	20,424	6	0	4,643	67.00			
68.00 SPEECH PATHOLOGY	0	145,575	2	0	2,315	68.00			
69.00 ELECTROCARDI OLOGY	1,213	771,160	34	0	25,832	69.00			
70.00 ELECTROENCEPHALOGRAPHY	344	116,578	8	0	10,248	70.00			
71.00 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	0	0	71.00			
72.00 I MPL. DEV. CHARGED TO PATI ENT	0	0	0	0	0	72.00			
73.00 DRUGS CHARGED TO PATI ENTS	0	0	0	0	0	73.00			
74.00 RENAL DI ALYSI S	959	339,870	7	0	85,643	74.00			
75.00 ASC (NON-DI STI NCT PART)	7,229	1,123,236	35	0	31,667	75.00			
76.00 PULMONARY FUNCTI ON TESTI NG	316	111,313	3	0	5,141	76.00			
76.97 CARDI AC REHABI LI TATI ON	3,005	212,747	10	0	966	76.97			
OUTPATI ENT SERVI CE COST CENTERS									
88.00 RURAL HEALTH CLINI C	0	0	0	0	0	88.00			
89.00 FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0	89.00			
90.00 CLINI C	7,106	406,539	34	0	350,863	90.00			
91.00 EMERGENCY	19,732	5,485,809	135	0	655,293	91.00			
92.00 OBSERVATI ON BEDS (NON-DI STI NCT PART)						92.00			
93.00 SLEEP LAB	746	176,925	0	0	12,572	93.00			
OTHER REI MBURSABLE COST CENTERS									
99.10 CORF	0	0	0	0	0	99.10			
100.00 I & R SERVI CES-NOT APPRVD PRGM	0	0	0	0	0	100.00			
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00			
SPECI AL PURPOSE COST CENTERS									
109.00 PANCREAS ACQUI SI TI ON	0	0	0	0	0	109.00			
110.00 I NTESTI NAL ACQUI SI TI ON	0	0	0	0	0	110.00			

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARY)	COMMUNICATIONS (PHONE EXTENS)	DATA PROCESSING (CPU TIME)	PURCHASING (SUPPLY REQUIS)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00						
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE							113.00
114.00 UTILIZATION REVIEW-SNF							114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	366,139	64,739,367	2,042	981	17,957,125		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,185	0	3	0	0	0	190.00
190.01 NONREIMBURSABLE HHA	0	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
194.00 FUND RAISING	0	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	8,384,265	16,438,563	952,212	4,142,085	820,637		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	22.825258	0.253919	465.629340	4,222.308869	0.045700		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		62,998	95,531	83,117	141,600		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.000973	46.714425	84.726809	0.007885		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	REGISTRATION (GROSS REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 REGISTRATION	605,188,775					5.04
5.05 PATIENT ACCOUNTING	0	605,188,775				5.05
5.06 ADMINISTRATION & GENERAL	0	0	-20,740,118	141,451,033		5.06
7.00 OPERATION OF PLANT	0	0	0	7,439,541	268,759	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	1,039,689	1,026	8.00
9.00 HOUSEKEEPING	0	0	0	2,753,412	5,300	9.00
10.00 DIETARY	0	0	0	1,955,344	6,911	10.00
11.00 CAFETERIA	0	0	0	1,493,118	7,347	11.00
13.00 NURSING ADMINISTRATION	0	0	0	5,827,947	2,752	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	941,649	3,599	14.00
15.00 PHARMACY	0	0	0	4,420,023	3,922	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	3,228,280	4,889	16.00
17.00 SOCIAL SERVICE	0	0	0	642,092	395	17.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	218,141	782	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	59,184,779	59,184,779	0	25,810,684	86,113	30.00
31.00 INTENSIVE CARE UNIT	17,734,069	17,734,069	0	6,385,233	14,616	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
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,918,369	1,918,369	0	976,649	1,688	43.00
44.00 SKILLED NURSING FACILITY	6,266,215	6,266,215	0	3,141,138	15,629	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	67,225,952	67,225,952	0	7,352,188	21,985	50.00
53.00 ANESTHESIOLOGY	10,749,719	10,749,719	0	255,159	400	53.00
54.00 RADIOLOGY-DIAGNOSTIC	83,210,039	83,210,039	0	7,918,437	23,400	54.00
56.00 RADIOISOTOPE	7,301,303	7,301,303	0	1,036,457	2,693	56.00
56.01 ULTRASOUND	8,065,326	8,065,326	0	857,727	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	22,345,288	22,345,288	0	2,200,257	3,936	59.00
60.00 LABORATORY	48,991,979	48,991,979	0	6,099,998	9,573	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,619,485	5,619,485	0	706,389	1,098	62.00
64.00 INTRAVENOUS THERAPY	753,793	753,793	0	595,677	264	64.00
65.00 RESPIRATORY THERAPY	13,807,624	13,807,624	0	1,854,880	2,147	65.00
66.00 PHYSICAL THERAPY	7,271,794	7,271,794	0	2,622,861	4,576	66.00
67.00 OCCUPATIONAL THERAPY	2,961,685	2,961,685	0	1,059,243	1,883	67.00
68.00 SPEECH PATHOLOGY	777,419	777,419	0	201,740	0	68.00
69.00 ELECTROCARDIOLOGY	14,533,925	14,533,925	0	1,595,946	1,213	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,781,111	1,781,111	0	184,993	344	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	29,681,237	29,681,237	0	10,357,743	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	26,020,367	26,020,367	0	8,138,175	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	69,465,763	69,465,763	0	8,116,354	0	73.00
74.00 RENAL DIALYSIS	3,054,563	3,054,563	0	611,598	959	74.00
75.00 ASC (NON-DISTINCT PART)	5,285,300	5,285,300	0	1,834,812	7,229	75.00
76.00 PULMONARY FUNCTION TESTING	1,299,198	1,299,198	0	170,575	316	76.00
76.97 CARDIAC REHABILITATION	577,699	577,699	0	364,704	3,005	76.97
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	5,437,148	5,437,148	0	1,440,005	7,106	90.00
91.00 EMERGENCY	81,359,501	81,359,501	0	9,235,727	19,732	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 SLEEP LAB	2,508,125	2,508,125	0	319,290	746	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	16,841	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	REGISTRATION (GROSS REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	7.00	
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	605,188,775	605,188,775	-20,740,118	141,420,716	267,574	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	30,317	1,185	190.00
190.01 NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 FUND RAISING	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,442,329	3,404,816		20,740,118	8,530,356	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.004036	0.005626		0.146624	31.739797	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	94,333	35,550		901,411	1,202,001	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000156	0.000059		0.006373	4.472412	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	NURSING ADMINISTRATION (FTES SUPERV)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING						5.03
5.04	REGISTRATION						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	ADMINISTRATION & GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE	929,220					8.00
9.00	HOUSEKEEPING	0	262,433				9.00
10.00	DIETARY	0	6,911	184,075			10.00
11.00	CAFETERIA	0	7,347	0	85,982		11.00
13.00	NURSING ADMINISTRATION	0	2,752	0	3,900	100,532	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	3,599	0	901	0	14.00
15.00	PHARMACY	0	3,922	0	2,800	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	4,889	0	3,700	0	16.00
17.00	SOCIAL SERVICE	0	395	0	700	707	17.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	782	0	802	104	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	465,275	86,113	122,256	27,678	50,785	30.00
31.00	INTENSIVE CARE UNIT	59,582	14,616	18,034	5,178	9,662	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
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	1,688	0	800	1,290	43.00
44.00	SKILLED NURSING FACILITY	29,650	15,629	26,346	3,600	6,345	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	114,812	21,985	0	5,200	8,489	50.00
53.00	ANESTHESIOLOGY	0	400	0	100	89	53.00
54.00	RADIOLOGY-DIAGNOSTIC	28,698	23,400	0	7,100	104	54.00
56.00	RADIOISOTOPE	5,842	2,693	0	400	0	56.00
56.01	ULTRASOUND	6,876	0	0	800	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	5,336	3,936	0	1,100	2,100	59.00
60.00	LABORATORY	0	9,573	0	4,452	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,098	0	448	0	62.00
64.00	INTRAVENOUS THERAPY	0	264	0	500	756	64.00
65.00	RESPIRATORY THERAPY	0	2,147	0	2,000	100	65.00
66.00	PHYSICAL THERAPY	0	4,576	0	100	96	66.00
67.00	OCCUPATIONAL THERAPY	0	1,883	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	200	90	68.00
69.00	ELECTROCARDIOLOGY	5,829	1,213	0	1,400	1,461	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,179	344	0	300	310	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	99	4	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	959	0	400	660	74.00
75.00	ASC (NON-DISTINCT PART)	58,624	7,229	3,740	1,500	1,708	75.00
76.00	PULMONARY FUNCTION TESTING	0	316	0	200	102	76.00
76.97	CARDIAC REHABILITATION	907	3,005	0	300	106	76.97
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	7,106	788	600	518	90.00
91.00	EMERGENCY	146,610	19,732	12,887	8,424	14,269	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	SLEEP LAB	0	746	24	300	677	93.00
OTHER REIMBURSABLE COST CENTERS							
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							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	NURSING ADMINISTRATION (FTES SUPERV)	
	8.00	9.00	10.00	11.00	13.00	
112.00 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	929,220	261,248	184,075	85,982	100,532	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,185	0	0	0	190.00
190.01 NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 FUND RAISING	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,224,697	3,325,349	2,548,969	2,038,333	6,897,138	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.317984	12.671230	13.847448	23.706508	68.606394	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	34,745	166,442	212,500	217,038	144,528	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.037392	0.634227	1.154421	2.524226	1.437632	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (100% SUPPLY)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 REGISTRATION						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 ADMINISTRATION & GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY	10,000					14.00
15.00 PHARMACY	0	8,530,375				15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	26,115			16.00
17.00 SOCIAL SERVICE	0	0	0	7	16,640	17.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	24 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	143,751	3,476	9,143		4 30.00
31.00 INTENSIVE CARE UNIT	0	40,812	0	1,349		4 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
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	1,643	339	0		0 43.00
44.00 SKILLED NURSING FACILITY	0	8,265	991	1,988		0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	40,886	1,068	0	0	0 50.00
53.00 ANESTHESIOLOGY	0	78,253	354	0	0	0 53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	11,814	13,376	0	0	0 54.00
56.00 RADIOISOTOPE	0	406,571	0	0	0	0 56.00
56.01 ULTRASOUND	0	1,782	0	0	0	0 56.01
57.00 CT SCAN	0	0	0	0	0	0 57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0 58.00
59.00 CARDIAC CATHETERIZATION	0	6,113	0	0	0	0 59.00
60.00 LABORATORY	0	0	1,161	0	0	0 60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0 60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	155	0	0	0 62.00
64.00 INTRAVENOUS THERAPY	0	60,719	0	0	0	0 64.00
65.00 RESPIRATORY THERAPY	0	61	46	0	0	0 65.00
66.00 PHYSICAL THERAPY	0	6	63	0	0	0 66.00
67.00 OCCUPATIONAL THERAPY	0	0	24	0	0	0 67.00
68.00 SPEECH PATHOLOGY	0	0	5	0	0	0 68.00
69.00 ELECTROCARDIOLOGY	0	4,902	1,812	0	0	0 69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	95	0	0	0 70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,608	505	0	0	0	0 71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	4,392	0	0	0	0	0 72.00
73.00 DRUGS CHARGED TO PATIENTS	0	7,445,590	0	0	0	0 73.00
74.00 RENAL DIALYSIS	0	1,431	0	0	0	0 74.00
75.00 ASC (NON-DISTINCT PART)	0	58,270	986	0	0	0 75.00
76.00 PULMONARY FUNCTION TESTING	0	0	5	0	0	0 76.00
76.97 CARDIAC REHABILITATION	0	4	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0 88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0 89.00
90.00 CLINIC	0	20,282	0	0	0	0 90.00
91.00 EMERGENCY	0	198,715	2,149	4,160	16	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 SLEEP LAB	0	0	3	0	0	0 93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	0 99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0 100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0 111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (100% SUPPLY)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	23.00	
112.00 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,000	8,530,375	26,115	16,640	24	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 FUND RAISING	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,260,913	5,308,662	4,006,463	819,954	311,004	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	126.091300	0.622325	153.416159	49.276082	12,958.500000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	287,430	663,293	175,333	19,094	25,563	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	28.743000	0.077757	6.713881	1.147476	1,065.125000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140250

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2012 9:51 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	40,991,106		40,991,106	0	40,991,106	30.00
31.00	INTENSIVE CARE UNIT	9,228,158		9,228,158	0	9,228,158	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
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	1,355,312		1,355,312	0	1,355,312	43.00
44.00	SKILLED NURSING FACILITY	5,475,498		5,475,498	0	5,475,498	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	10,452,857		10,452,857	0	10,452,857	50.00
53.00	ANESTHESIOLOGY	421,820		421,820	0	421,820	53.00
54.00	RADIOLOGY-DIAGNOSTIC	12,391,411		12,391,411	0	12,391,411	54.00
56.00	RADIOISOTOPE	1,578,227		1,578,227	0	1,578,227	56.00
56.01	ULTRASOUND	1,012,626		1,012,626	0	1,012,626	56.01
57.00	CT SCAN	0		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	2,878,656		2,878,656	0	2,878,656	59.00
60.00	LABORATORY	7,703,208		7,703,208	0	7,703,208	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	893,127		893,127	0	893,127	62.00
64.00	INTRAVENOUS THERAPY	796,248		796,248	0	796,248	64.00
65.00	RESPIRATORY THERAPY	2,283,569	0	2,283,569	0	2,283,569	65.00
66.00	PHYSICAL THERAPY	3,229,286	0	3,229,286	0	3,229,286	66.00
67.00	OCCUPATIONAL THERAPY	1,301,861	0	1,301,861	0	1,301,861	67.00
68.00	SPEECH PATHOLOGY	243,003	0	243,003	0	243,003	68.00
69.00	ELECTROCARDIOLOGY	2,305,967		2,305,967	0	2,305,967	69.00
70.00	ELECTROENCEPHALOGRAPHY	271,903		271,903	0	271,903	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,586,492		12,586,492	0	12,586,492	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	9,885,220		9,885,220	0	9,885,220	72.00
73.00	DRUGS CHARGED TO PATIENTS	13,939,980		13,939,980	0	13,939,980	73.00
74.00	RENAL DIALYSIS	799,517		799,517	0	799,517	74.00
75.00	ASC (NON-DISTINCT PART)	2,894,211		2,894,211	0	2,894,211	75.00
76.00	PULMONARY FUNCTION TESTING	222,125		222,125	0	222,125	76.00
76.97	CARDIAC REHABILITATION	567,214		567,214	0	567,214	76.97
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	2,040,025		2,040,025	0	2,040,025	90.00
91.00	EMERGENCY	13,882,237		13,882,237	0	13,882,237	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	4,513,289		4,513,289	0	4,513,289	92.00
93.00	SLEEP LAB	453,588		453,588	0	453,588	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0		0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	19,310		19,310	0	19,310	100.00
101.00	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	ISLET ACQUISITION	0		0	0	0	111.00
112.00	OTHER ORGAN ACQUISITION (SPECIF	0		0	0	0	112.00
113.00	INTEREST EXPENSE	0		0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
200.00	Subtotal (see instructions)	166,617,051	0	166,617,051	0	166,617,051	200.00
201.00	Less Observation Beds	4,513,289		4,513,289	0	4,513,289	201.00
202.00	Total (see instructions)	162,103,762	0	162,103,762	0	162,103,762	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140250

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	59,184,779		59,184,779			30.00
31.00	INTENSIVE CARE UNIT	17,734,069		17,734,069			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
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	1,915,399		1,915,399			43.00
44.00	SKILLED NURSING FACILITY	6,266,215		6,266,215			44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	36,050,725	31,175,227	67,225,952	0.155488	0.000000	50.00
53.00	ANESTHESIOLOGY	5,618,740	5,130,979	10,749,719	0.039240	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	29,124,660	54,085,379	83,210,039	0.148917	0.000000	54.00
56.00	RADIOISOTOPE	2,836,151	4,465,152	7,301,303	0.216157	0.000000	56.00
56.01	ULTRASOUND	1,582,798	6,482,528	8,065,326	0.125553	0.000000	56.01
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	13,388,478	8,956,810	22,345,288	0.128826	0.000000	59.00
60.00	LABORATORY	30,125,722	18,866,257	48,991,979	0.157234	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,526,735	1,092,750	5,619,485	0.158934	0.000000	62.00
64.00	INTRAVENOUS THERAPY	725,910	27,883	753,793	1.056322	0.000000	64.00
65.00	RESPIRATORY THERAPY	12,880,043	927,581	13,807,624	0.165385	0.000000	65.00
66.00	PHYSICAL THERAPY	3,612,246	3,659,548	7,271,794	0.444084	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	1,907,059	1,054,626	2,961,685	0.439568	0.000000	67.00
68.00	SPEECH PATHOLOGY	602,217	175,202	777,419	0.312577	0.000000	68.00
69.00	ELECTROCARDIOLOGY	6,797,720	7,736,205	14,533,925	0.158661	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	819,093	962,018	1,781,111	0.152659	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,590,251	6,090,986	29,681,237	0.424056	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	17,352,662	8,667,705	26,020,367	0.379903	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	55,890,430	13,575,333	69,465,763	0.200674	0.000000	73.00
74.00	RENAL DIALYSIS	3,017,269	37,294	3,054,563	0.261745	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	249,005	5,036,295	5,285,300	0.547596	0.000000	75.00
76.00	PULMONARY FUNCTION TESTING	544,052	755,146	1,299,198	0.170971	0.000000	76.00
76.97	CARDIAC REHABILITATION	13,781	563,918	577,699	0.981850	0.000000	76.97
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	48,273	5,388,875	5,437,148	0.375201	0.000000	90.00
91.00	EMERGENCY	22,744,841	58,614,660	81,359,501	0.170628	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,111,380	8,353,531	9,464,911	0.476844	0.000000	92.00
93.00	SLEEP LAB	3,733	2,504,392	2,508,125	0.180847	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
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							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
112.00	OTHER ORGAN ACQUISITION (SPECIF	0	0	0			112.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
200.00	Subtotal (see instructions)	360,264,436	254,386,280	614,650,716			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	360,264,436	254,386,280	614,650,716			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:51 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.155488		50.00
53.00	ANESTHESIOLOGY	0.039240		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.148917		54.00
56.00	RADIOLOGY	0.216157		56.00
56.01	ULTRASOUND	0.125553		56.01
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.128826		59.00
60.00	LABORATORY	0.157234		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.158934		62.00
64.00	INTRAVENOUS THERAPY	1.056322		64.00
65.00	RESPIRATORY THERAPY	0.165385		65.00
66.00	PHYSICAL THERAPY	0.444084		66.00
67.00	OCCUPATIONAL THERAPY	0.439568		67.00
68.00	SPEECH PATHOLOGY	0.312577		68.00
69.00	ELECTROCARDIOLOGY	0.158661		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.152659		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.424056		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.379903		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.200674		73.00
74.00	RENAL DIALYSIS	0.261745		74.00
75.00	ASC (NON-DISTINCT PART)	0.547596		75.00
76.00	PULMONARY FUNCTION TESTING	0.170971		76.00
76.97	CARDIAC REHABILITATION	0.981850		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.375201		90.00
91.00	EMERGENCY	0.170628		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.476844		92.00
93.00	SLEEP LAB	0.180847		93.00
	OTHER REIMBURSABLE COST CENTERS			
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			
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
112.00	OTHER ORGAN ACQUISITION (SPECIF			112.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
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: 140250

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

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		Title XIX		Hospital		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	40,991,106		40,991,106	0	0 30.00
31.00	INTENSIVE CARE UNIT	9,228,158		9,228,158	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
41.00	SUBPROVIDER - IRF	0		0	0	0 41.00
42.00	SUBPROVIDER	0		0	0	0 42.00
43.00	NURSERY	1,355,312		1,355,312	0	0 43.00
44.00	SKILLED NURSING FACILITY	5,475,498		5,475,498	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	10,452,857		10,452,857	0	0 50.00
53.00	ANESTHESIOLOGY	421,820		421,820	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	12,391,411		12,391,411	0	0 54.00
56.00	RADIOISOTOPE	1,578,227		1,578,227	0	0 56.00
56.01	ULTRASOUND	1,012,626		1,012,626	0	0 56.01
57.00	CT SCAN	0		0	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0 58.00
59.00	CARDIAC CATHETERIZATION	2,878,656		2,878,656	0	0 59.00
60.00	LABORATORY	7,703,208		7,703,208	0	0 60.00
60.01	BLOOD LABORATORY	0		0	0	0 60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	893,127		893,127	0	0 62.00
64.00	INTRAVENOUS THERAPY	796,248		796,248	0	0 64.00
65.00	RESPIRATORY THERAPY	2,283,569	0	2,283,569	0	0 65.00
66.00	PHYSICAL THERAPY	3,229,286	0	3,229,286	0	0 66.00
67.00	OCCUPATIONAL THERAPY	1,301,861	0	1,301,861	0	0 67.00
68.00	SPEECH PATHOLOGY	243,003	0	243,003	0	0 68.00
69.00	ELECTROCARDIOLOGY	2,305,967		2,305,967	0	0 69.00
70.00	ELECTROENCEPHALOGRAPHY	271,903		271,903	0	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,586,492		12,586,492	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	9,885,220		9,885,220	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	13,939,980		13,939,980	0	0 73.00
74.00	RENAL DIALYSIS	799,517		799,517	0	0 74.00
75.00	ASC (NON-DISTINCT PART)	2,894,211		2,894,211	0	0 75.00
76.00	PULMONARY FUNCTION TESTING	222,125		222,125	0	0 76.00
76.97	CARDIAC REHABILITATION	567,214		567,214	0	0 76.97
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	2,040,025		2,040,025	0	0 90.00
91.00	EMERGENCY	13,882,237		13,882,237	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	4,513,289		4,513,289	0	0 92.00
93.00	SLEEP LAB	453,588		453,588	0	0 93.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0		0	0	0 99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	19,310		19,310	0	0 100.00
101.00	HOME HEALTH AGENCY	0		0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0		0	0	0 109.00
110.00	INTESTINAL ACQUISITION	0		0	0	0 110.00
111.00	ISLET ACQUISITION	0		0	0	0 111.00
112.00	OTHER ORGAN ACQUISITION (SPECIF	0		0	0	0 112.00
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW-SNF					114.00
200.00	Subtotal (see instructions)	166,617,051	0	166,617,051	0	0 200.00
201.00	Less Observation Beds	4,513,289		4,513,289		0 201.00
202.00	Total (see instructions)	162,103,762	0	162,103,762	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140250

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2012 9:51 am

		Title XIX			Hospital		
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	59,184,779		59,184,779		30.00	
31.00	INTENSIVE CARE UNIT	17,734,069		17,734,069		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	
41.00	SUBPROVIDER - IRF	0		0		41.00	
42.00	SUBPROVIDER	0		0		42.00	
43.00	NURSERY	1,915,399		1,915,399		43.00	
44.00	SKILLED NURSING FACILITY	6,266,215		6,266,215		44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	36,050,725	31,175,227	67,225,952	0.155488	50.00	
53.00	ANESTHESIOLOGY	5,618,740	5,130,979	10,749,719	0.039240	53.00	
54.00	RADIOLOGY-DIAGNOSTIC	29,124,660	54,085,379	83,210,039	0.148917	54.00	
56.00	RADIOISOTOPE	2,836,151	4,465,152	7,301,303	0.216157	56.00	
56.01	ULTRASOUND	1,582,798	6,482,528	8,065,326	0.125553	56.01	
57.00	CT SCAN	0	0	0	0.000000	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00	
59.00	CARDIAC CATHETERIZATION	13,388,478	8,956,810	22,345,288	0.128826	59.00	
60.00	LABORATORY	30,125,722	18,866,257	48,991,979	0.157234	60.00	
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,526,735	1,092,750	5,619,485	0.158934	62.00	
64.00	INTRAVENOUS THERAPY	725,910	27,883	753,793	1.056322	64.00	
65.00	RESPIRATORY THERAPY	12,880,043	927,581	13,807,624	0.165385	65.00	
66.00	PHYSICAL THERAPY	3,612,246	3,659,548	7,271,794	0.444084	66.00	
67.00	OCCUPATIONAL THERAPY	1,907,059	1,054,626	2,961,685	0.439568	67.00	
68.00	SPEECH PATHOLOGY	602,217	175,202	777,419	0.312577	68.00	
69.00	ELECTROCARDIOLOGY	6,797,720	7,736,205	14,533,925	0.158661	69.00	
70.00	ELECTROENCEPHALOGRAPHY	819,093	962,018	1,781,111	0.152659	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,590,251	6,090,986	29,681,237	0.424056	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT	17,352,662	8,667,705	26,020,367	0.379903	72.00	
73.00	DRUGS CHARGED TO PATIENTS	55,890,430	13,575,333	69,465,763	0.200674	73.00	
74.00	RENAL DIALYSIS	3,017,269	37,294	3,054,563	0.261745	74.00	
75.00	ASC (NON-DISTINCT PART)	249,005	5,036,295	5,285,300	0.547596	75.00	
76.00	PULMONARY FUNCTION TESTING	544,052	755,146	1,299,198	0.170971	76.00	
76.97	CARDIAC REHABILITATION	13,781	563,918	577,699	0.981850	76.97	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00	
90.00	CLINIC	48,273	5,388,875	5,437,148	0.375201	90.00	
91.00	EMERGENCY	22,744,841	58,614,660	81,359,501	0.170628	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,111,380	8,353,531	9,464,911	0.476844	92.00	
93.00	SLEEP LAB	3,733	2,504,392	2,508,125	0.180847	93.00	
OTHER REIMBURSABLE COST CENTERS							
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							
109.00	PANCREAS ACQUISITION	0	0	0		109.00	
110.00	INTESTINAL ACQUISITION	0	0	0		110.00	
111.00	ISLET ACQUISITION	0	0	0		111.00	
112.00	OTHER ORGAN ACQUISITION (SPECIF	0	0	0		112.00	
113.00	INTEREST EXPENSE					113.00	
114.00	UTILIZATION REVIEW-SNF					114.00	
200.00	Subtotal (see instructions)	360,264,436	254,386,280	614,650,716		200.00	
201.00	Less Observation Beds					201.00	
202.00	Total (see instructions)	360,264,436	254,386,280	614,650,716		202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:51 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
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
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.000000		50.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	RADIOLOGY	0.000000		56.00
56.01	ULTRASOUND	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
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	PULMONARY FUNCTION TESTING	0.000000		76.00
76.97	CARDIAC REHABILITATION	0.000000		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	SLEEP LAB	0.000000		93.00
	OTHER REIMBURSABLE COST CENTERS			
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			
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
112.00	OTHER ORGAN ACQUISITION (SPECIF			112.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
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: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/30/2012 9:51 am
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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	2,970,637	0	2,970,637	42,696	69.58	30.00
31.00 INTENSIVE CARE UNIT	518,385		518,385	5,659	91.60	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
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	61,974		61,974	1,885	32.88	43.00
44.00 SKILLED NURSING FACILITY	522,529		522,529	8,340	62.65	44.00
200.00 Total (lines 30-199)	4,073,525		4,073,525	58,580		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/30/2012 9:51 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	18,157	1,263,364		30.00
31.00 INTENSIVE CARE UNIT	2,934	268,754		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
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	5,829	365,187		44.00
200.00 Total (Lines 30-199)	26,920	1,897,305		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/30/2012 9:51 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	875,036	67,225,952	0.013016	12,082,781	157,269	50.00
53.00	ANESTHESIOLOGY	28,066	10,749,719	0.002611	1,539,735	4,020	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,344,316	83,210,039	0.016156	13,386,378	216,270	54.00
56.00	RADIOISOTOPE	117,109	7,301,303	0.016039	1,357,358	21,771	56.00
56.01	ULTRASOUND	10,723	8,065,326	0.001330	593,985	790	56.01
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	662,116	22,345,288	0.029631	6,187,462	183,341	59.00
60.00	LABORATORY	341,893	48,991,979	0.006979	13,461,669	93,949	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	49,539	5,619,485	0.008816	1,861,979	16,415	62.00
64.00	INTRAVENOUS THERAPY	20,182	753,793	0.026774	320,535	8,582	64.00
65.00	RESPIRATORY THERAPY	124,443	13,807,624	0.009013	6,546,315	59,002	65.00
66.00	PHYSICAL THERAPY	147,885	7,271,794	0.020337	1,149,380	23,375	66.00
67.00	OCCUPATIONAL THERAPY	60,482	2,961,685	0.020421	181,910	3,715	67.00
68.00	SPEECH PATHOLOGY	2,374	777,419	0.003054	349,175	1,066	68.00
69.00	ELECTROCARDIOLOGY	202,189	14,533,925	0.013912	3,439,928	47,856	69.00
70.00	ELECTROENCEPHALOGRAPHY	13,624	1,781,111	0.007649	447,902	3,426	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	233,877	29,681,237	0.007880	10,679,303	84,153	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	183,698	26,020,367	0.007060	6,801,496	48,019	72.00
73.00	DRUGS CHARGED TO PATIENTS	645,605	69,465,763	0.009294	23,014,657	213,898	73.00
74.00	RENAL DIALYSIS	34,744	3,054,563	0.011374	1,853,741	21,084	74.00
75.00	ASC (NON-DISTINCT PART)	261,671	5,285,300	0.049509	114,761	5,682	75.00
76.00	PULMONARY FUNCTION TESTING	11,168	1,299,198	0.008596	294,723	2,533	76.00
76.97	CARDIAC REHABILITATION	88,009	577,699	0.152344	5,854	892	76.97
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	218,328	5,437,148	0.040155	28,707	1,153	90.00
91.00	EMERGENCY	741,105	81,359,501	0.009109	11,121,300	101,304	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	327,078	9,464,911	0.034557	0	0	92.00
93.00	SLEEP LAB	66,520	2,508,125	0.026522	0	0	93.00
200.00	Total (lines 50-199)	6,811,780	529,550,254		116,821,034	1,319,565	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140250		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 9:51 am	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	51,834	0	0	51,834	30.00
31.00	INTENSIVE CARE UNIT	0	51,834	0	0	51,834	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
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (Lines 30-199)	0	103,668	0	0	103,668	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140250

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

Worksheet D
Part III
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description		Title XVIII			Hospital	
		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS
		6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	42,696	1.21	18,157	21,970	30.00
31.00	INTENSIVE CARE UNIT	5,659	9.16	2,934	26,875	31.00
32.00	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
41.00	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	42.00
43.00	NURSERY	1,885	0.00	0	0	43.00
44.00	SKILLED NURSING FACILITY	8,340	0.00	5,829	0	44.00
200.00	Total (Lines 30-199)	58,580		26,920	48,845	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140250

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		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
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ULTRASOUND	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
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	207,336	0	207,336	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	5,709	0	5,709	92.00
93.00	SLEEP LAB	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	213,045	0	213,045	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140250

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	67,225,952	0.000000	0.000000	12,082,781	50.00
53.00	ANESTHESIOLOGY	0	10,749,719	0.000000	0.000000	1,539,735	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	83,210,039	0.000000	0.000000	13,386,378	54.00
56.00	RADIOISOTOPE	0	7,301,303	0.000000	0.000000	1,357,358	56.00
56.01	ULTRASOUND	0	8,065,326	0.000000	0.000000	593,985	56.01
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	22,345,288	0.000000	0.000000	6,187,462	59.00
60.00	LABORATORY	0	48,991,979	0.000000	0.000000	13,461,669	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,619,485	0.000000	0.000000	1,861,979	62.00
64.00	INTRAVENOUS THERAPY	0	753,793	0.000000	0.000000	320,535	64.00
65.00	RESPIRATORY THERAPY	0	13,807,624	0.000000	0.000000	6,546,315	65.00
66.00	PHYSICAL THERAPY	0	7,271,794	0.000000	0.000000	1,149,380	66.00
67.00	OCCUPATIONAL THERAPY	0	2,961,685	0.000000	0.000000	181,910	67.00
68.00	SPEECH PATHOLOGY	0	777,419	0.000000	0.000000	349,175	68.00
69.00	ELECTROCARDIOLOGY	0	14,533,925	0.000000	0.000000	3,439,928	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,781,111	0.000000	0.000000	447,902	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,681,237	0.000000	0.000000	10,679,303	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	26,020,367	0.000000	0.000000	6,801,496	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	69,465,763	0.000000	0.000000	23,014,657	73.00
74.00	RENAL DIALYSIS	0	3,054,563	0.000000	0.000000	1,853,741	74.00
75.00	ASC (NON-DISTINCT PART)	0	5,285,300	0.000000	0.000000	114,761	75.00
76.00	PULMONARY FUNCTION TESTING	0	1,299,198	0.000000	0.000000	294,723	76.00
76.97	CARDIAC REHABILITATION	0	577,699	0.000000	0.000000	5,854	76.97
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	5,437,148	0.000000	0.000000	28,707	90.00
91.00	EMERGENCY	207,336	81,359,501	0.002548	0.002548	11,121,300	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	5,709	9,464,911	0.000603	0.000603	0	92.00
93.00	SLEEP LAB	0	2,508,125	0.000000	0.000000	0	93.00
200.00	Total (lines 50-199)	213,045	529,550,254			116,821,034	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140250

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2012 9:51 am

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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	7,155,554	0	50.00
53.00	ANESTHESIOLOGY	0	1,135,295	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	13,531,066	0	54.00
56.00	RADIOISOTOPE	0	1,625,108	0	56.00
56.01	ULTRASOUND	0	876,197	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	3,997,926	0	59.00
60.00	LABORATORY	0	926,597	0	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	299,007	0	62.00
64.00	INTRAVENOUS THERAPY	0	11,885	0	64.00
65.00	RESPIRATORY THERAPY	0	163,172	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	8,199	0	68.00
69.00	ELECTROCARDIOLOGY	0	2,339,683	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	250,350	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,836,602	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	3,746,094	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,294,881	0	73.00
74.00	RENAL DIALYSIS	0	8,349	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	1,252,623	0	75.00
76.00	PULMONARY FUNCTION TESTING	0	348,320	0	76.00
76.97	CARDIAC REHABILITATION	0	220,183	0	76.97
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	1,878,503	0	90.00
91.00	EMERGENCY	28,337	8,372,183	21,332	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,242,229	1,352	92.00
93.00	SLEEP LAB	0	623,544	0	93.00
200.00	Total (Lines 50-199)	28,337	58,143,550	22,684	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:51 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.155488	7,155,554	0	0	50.00
53.00	ANESTHESIOLOGY	0.039240	1,135,295	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.148917	13,531,066	0	0	54.00
56.00	RADIOISOTOPE	0.216157	1,625,108	0	0	56.00
56.01	ULTRASOUND	0.125553	876,197	0	0	56.01
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.128826	3,997,926	0	0	59.00
60.00	LABORATORY	0.157234	926,597	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.158934	299,007	0	0	62.00
64.00	INTRAVENOUS THERAPY	1.056322	11,885	0	0	64.00
65.00	RESPIRATORY THERAPY	0.165385	163,172	0	0	65.00
66.00	PHYSICAL THERAPY	0.444084	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.439568	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.312577	8,199	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.158661	2,339,683	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.152659	250,350	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.424056	1,836,602	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.379903	3,746,094	0	276,306	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.200674	5,294,881	0	70,047	73.00
74.00	RENAL DIALYSIS	0.261745	8,349	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.547596	1,252,623	0	0	75.00
76.00	PULMONARY FUNCTION TESTING	0.170971	348,320	0	0	76.00
76.97	CARDIAC REHABILITATION	0.981850	220,183	0	0	76.97
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	0.375201	1,878,503	0	0	90.00
91.00	EMERGENCY	0.170628	8,372,183	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.476844	2,242,229	0	0	92.00
93.00	SLEEP LAB	0.180847	623,544	0	0	93.00
200.00	Subtotal (see instructions)		58,143,550	0	346,353	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		58,143,550	0	346,353	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:51 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	1,112,603	0	0		50.00
53.00 ANESTHESIOLOGY	44,549	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,015,006	0	0		54.00
56.00 RADIOISOTOPE	351,278	0	0		56.00
56.01 ULTRASOUND	110,009	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	515,037	0	0		59.00
60.00 LABORATORY	145,693	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	47,522	0	0		62.00
64.00 INTRAVENOUS THERAPY	12,554	0	0		64.00
65.00 RESPIRATORY THERAPY	26,986	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	2,563	0	0		68.00
69.00 ELECTROCARDIOLOGY	371,216	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	38,218	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	778,822	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,423,152	0	104,969		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,062,545	0	14,057		73.00
74.00 RENAL DIALYSIS	2,185	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	685,931	0	0		75.00
76.00 PULMONARY FUNCTION TESTING	59,553	0	0		76.00
76.97 CARDIAC REHABILITATION	216,187	0	0		76.97
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	704,816	0	0		90.00
91.00 EMERGENCY	1,428,529	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,069,193	0	0		92.00
93.00 SLEEP LAB	112,766	0	0		93.00
200.00 Subtotal (see instructions)	12,336,913	0	119,026		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	12,336,913	0	119,026		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:51 am	
		Title XVIII		Subprovider - IPF	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.155488	0	0	50.00
53.00	ANESTHESIOLOGY	0.039240	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.148917	0	0	54.00
56.00	RADIOISOTOPE	0.216157	0	0	56.00
56.01	ULTRASOUND	0.125553	0	0	56.01
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.128826	0	0	59.00
60.00	LABORATORY	0.157234	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.158934	0	0	62.00
64.00	INTRAVENOUS THERAPY	1.056322	0	0	64.00
65.00	RESPIRATORY THERAPY	0.165385	0	0	65.00
66.00	PHYSICAL THERAPY	0.444084	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.439568	0	0	67.00
68.00	SPEECH PATHOLOGY	0.312577	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.158661	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.152659	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.424056	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.379903	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.200674	0	0	73.00
74.00	RENAL DIALYSIS	0.261745	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.547596	0	0	75.00
76.00	PULMONARY FUNCTION TESTING	0.170971	0	0	76.00
76.97	CARDIAC REHABILITATION	0.981850	0	0	76.97
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	0.375201	0	0	90.00
91.00	EMERGENCY	0.170628	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.476844	0	0	92.00
93.00	SLEEP LAB	0.180847	0	0	93.00
200.00	Subtotal (see instructions)		0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:51 am
	Component CCN:	Title XVIII	Subprovider - IPF

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Co-ins. (see instructions)	Cost Services Not Subject To Ded. & Co-ins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
56.00 RADIOISOTOPE	0	0	0		56.00
56.01 ULTRASOUND	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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 PULMONARY FUNCTION TESTING	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00 SLEEP LAB	0	0	0		93.00
200.00 Subtotal (see instructions)	0	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140250

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2012 9:51 am

Component CCN: 145599

Title XVIII

Skilled Nursing Facility

PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ULTRASOUND	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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 PULMONARY FUNCTION TESTING	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	207,336	0	207,336	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 SLEEP LAB	0	0	0	0	0	93.00
200.00 Total (lines 50-199)	0	0	207,336	0	207,336	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250 Component CCN: 145599	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:51 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	67,225,952	0.000000	0.000000	3,368	50.00
53.00 ANESTHESIOLOGY	0	10,749,719	0.000000	0.000000	892	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	83,210,039	0.000000	0.000000	225,131	54.00
56.00 RADIOISOTOPE	0	7,301,303	0.000000	0.000000	10,947	56.00
56.01 ULTRASOUND	0	8,065,326	0.000000	0.000000	8,577	56.01
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	22,345,288	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	48,991,979	0.000000	0.000000	481,137	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,619,485	0.000000	0.000000	21,953	62.00
64.00 INTRAVENOUS THERAPY	0	753,793	0.000000	0.000000	92,338	64.00
65.00 RESPIRATORY THERAPY	0	13,807,624	0.000000	0.000000	478,426	65.00
66.00 PHYSICAL THERAPY	0	7,271,794	0.000000	0.000000	931,999	66.00
67.00 OCCUPATIONAL THERAPY	0	2,961,685	0.000000	0.000000	922,027	67.00
68.00 SPEECH PATHOLOGY	0	777,419	0.000000	0.000000	27,913	68.00
69.00 ELECTROCARDIOLOGY	0	14,533,925	0.000000	0.000000	16,984	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,781,111	0.000000	0.000000	5,787	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,681,237	0.000000	0.000000	638,508	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	26,020,367	0.000000	0.000000	4,319	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	69,465,763	0.000000	0.000000	2,339,867	73.00
74.00 RENAL DIALYSIS	0	3,054,563	0.000000	0.000000	1,169	74.00
75.00 ASC (NON-DISTINCT PART)	0	5,285,300	0.000000	0.000000	566	75.00
76.00 PULMONARY FUNCTION TESTING	0	1,299,198	0.000000	0.000000	6,058	76.00
76.97 CARDIAC REHABILITATION	0	577,699	0.000000	0.000000	0	76.97
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	5,437,148	0.000000	0.000000	0	90.00
91.00 EMERGENCY	207,336	81,359,501	0.002548	0.002548	6,762	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,464,911	0.000000	0.000000	0	92.00
93.00 SLEEP LAB	0	2,508,125	0.000000	0.000000	0	93.00
200.00 Total (Lines 50-199)	207,336	529,550,254			6,224,728	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:51 am
	Component CCN: 145599	Title XVIII	Skilled Nursing Facility PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	56.00
56.01 ULTRASOUND	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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 PULMONARY FUNCTION TESTING	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	17	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 SLEEP LAB	0	0	0	93.00
200.00 Total (Lines 50-199)	17	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:51 am
Title XIX		Hospital	

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.155488	0	0	2,071,600		50.00
53.00 ANESTHESIOLOGY	0.039240	0	0	378,000		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.148917	0	0	7,536,429		54.00
56.00 RADIOISOTOPE	0.216157	0	0	287,775		56.00
56.01 ULTRASOUND	0.125553	0	0	1,792,794		56.01
57.00 CT SCAN	0.000000	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.128826	0	0	348,454		59.00
60.00 LABORATORY	0.157234	0	0	3,063,379		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.158934	0	0	94,086		62.00
64.00 INTRAVENOUS THERAPY	1.056322	0	0	1,904		64.00
65.00 RESPIRATORY THERAPY	0.165385	0	0	186,008		65.00
66.00 PHYSICAL THERAPY	0.444084	0	0	622,843		66.00
67.00 OCCUPATIONAL THERAPY	0.439568	0	0	130,180		67.00
68.00 SPEECH PATHOLOGY	0.312577	0	0	11,829		68.00
69.00 ELECTROCARDIOLOGY	0.158661	0	0	771,570		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.152659	0	0	153,294		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.424056	0	0	411,800		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.379903	0	0	398,083		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.200674	0	0	1,345,516		73.00
74.00 RENAL DIALYSIS	0.261745	0	0	5,566		74.00
75.00 ASC (NON-DISTINCT PART)	0.547596	0	0	333,156		75.00
76.00 PULMONARY FUNCTION TESTING	0.170971	0	0	42,386		76.00
76.97 CARDIAC REHABILITATION	0.981850	0	0	290		76.97
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	0.375201	0	0	217,995		90.00
91.00 EMERGENCY	0.170628	0	0	18,418,694		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.476844	0	0	1,039,644		92.00
93.00 SLEEP LAB	0.180847	0	0	397,663		93.00
200.00 Subtotal (see instructions)		0	0	40,060,938		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	40,060,938		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:51 am
Title XIX			Hospital	

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	322,109		50.00
53.00 ANESTHESIOLOGY	0	0	14,833		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	1,122,302		54.00
56.00 RADIOISOTOPE	0	0	62,205		56.00
56.01 ULTRASOUND	0	0	225,091		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	44,890		59.00
60.00 LABORATORY	0	0	481,667		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	14,953		62.00
64.00 INTRAVENOUS THERAPY	0	0	2,011		64.00
65.00 RESPIRATORY THERAPY	0	0	30,763		65.00
66.00 PHYSICAL THERAPY	0	0	276,595		66.00
67.00 OCCUPATIONAL THERAPY	0	0	57,223		67.00
68.00 SPEECH PATHOLOGY	0	0	3,697		68.00
69.00 ELECTROCARDIOLOGY	0	0	122,418		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	23,402		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	174,626		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	151,233		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	270,010		73.00
74.00 RENAL DIALYSIS	0	0	1,457		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	182,435		75.00
76.00 PULMONARY FUNCTION TESTING	0	0	7,247		76.00
76.97 CARDIAC REHABILITATION	0	0	285		76.97
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	81,792		90.00
91.00 EMERGENCY	0	0	3,142,745		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	495,748		92.00
93.00 SLEEP LAB	0	0	71,916		93.00
200.00 Subtotal (see instructions)	0	0	7,383,653		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges					201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	7,383,653		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2012 9:51 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		42,696	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		42,696	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)		42,696	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)		18,157	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)		40,991,106	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)		40,991,106	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		61,100,178	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		61,100,178	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.670884	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,431.05	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)		40,991,106	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)		960.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,431,991	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)		17,431,991	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/30/2012 9:51 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	9,228,158	5,659	1,630.70	2,934	4,784,474		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)					24,488,727		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					46,705,192		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,580,963		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,347,902		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,928,865		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					43,776,327		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)					4,701		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					960.07		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,513,289		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 9:51 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,970,637	40,991,106	0.072470	4,513,289	327,078	90.00
91.00	Nursing School cost	0	40,991,106	0.000000	4,513,289	0	91.00
92.00	Allied health cost	51,834	40,991,106	0.001265	4,513,289	5,709	92.00
93.00	All other Medical Education	0	40,991,106	0.000000	4,513,289	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 145599		Date/Time Prepared: 5/30/2012 9:51 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,340	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,340	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)		8,340	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)		5,829	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)		5,475,498	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)		5,475,498	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		6,266,215	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		6,266,215	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.873813	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)		751.34	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)		5,475,498	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1	
		Component CCN: 145599		Date/Time Prepared: 5/30/2012 9:51 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
	PASS THROUGH COST ADJUSTMENTS				
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST				
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY				
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				5,475,498 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				656.53 71.00
72.00	Program routine service cost (line 9 x line 71)				3,826,913 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				3,826,913 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				3,826,913 83.00
84.00	Program inpatient ancillary services (see instructions)				1,869,574 84.00
85.00	Utilization review - physician compensation (see instructions)				26,760 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				5,723,247 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST				
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250 Component CCN: 145599		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 9:51 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140250

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

Worksheet D-2

Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Inpatient Day All Patients	Average Cost Per Day																																																																																																													
	1.00	2.00	3.00	4.00																																																																																																													
PART I - NOT IN APPROVED TEACHING PROGRAM																																																																																																																	
1.00	Total cost of services rendered	100.00	19,310		1.00																																																																																																												
Hospital Inpatient Routine Services:																																																																																																																	
2.00	ADULTS & PEDIATRICS	100.00	19,310	42,696	0.45																																																																																																												
3.00	INTENSIVE CARE UNIT	0.00	0	5,659	0.00																																																																																																												
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7.00	OTHER SPECIAL CARE (SPECIFY)																																																																																																																
8.00	NURSERY	0.00	0	1,885	0.00																																																																																																												
9.00	Subtotal (sum of lines 2 through 8)	100.00	19,310																																																																																																														
10.00	SUBPROVIDER - IPF																																																																																																																
11.00	SUBPROVIDER - IRF	0.00	0	0	0.00																																																																																																												
12.00	SUBPROVIDER	0.00	0	0	0.00																																																																																																												
13.00	SKILLED NURSING FACILITY	0.00	0	8,340	0.00																																																																																																												
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Cost Center Description	Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)																																																																																																												
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APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140250

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

Worksheet D-2

Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	Not In Approved Teaching Program			
	(from Part I:)			
	1.00	2.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)				
Hospital				
43.00 Inpatient	col. 9, line 9.00	8,171		43.00
44.00 Outpatient	col. 9, line 27.00	0		44.00
45.00 Total Hospital (sum of lines 43 and 44)		8,171		45.00
46.00 SUBPROVIDER - IPF				46.00
47.00 SUBPROVIDER - IRF	col. 9, line 11.00	0		47.00
48.00 SUBPROVIDER	col. 9, line 12.00	0		48.00
49.00 SKILLED NURSING FACILITY	col. 9, line 13.00	0		49.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140250

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

Worksheet D-2
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description		Health Care Program Inpatient Days			Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	
		Title V	Title XVIII, Part B Only Less Part A Coverage but no Part B Coverage	Title XIX			
		5.00	6.00	7.00			
PART I - NOT IN APPROVED TEACHING PROGRAM							
1.00	Total cost of services rendered						1.00
Hospital Inpatient Routine Services:							
2.00	ADULTS & PEDIATRICS	0	18,157	0	0	8,171	2.00
3.00	INTENSIVE CARE UNIT	0	2,934	876	0	0	3.00
4.00	CORONARY CARE UNIT	0	0	0	0	0	4.00
5.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	OTHER SPECIAL CARE (SPECIFY)						7.00
8.00	NURSERY	0		0	0		8.00
9.00	Subtotal (sum of lines 2 through 8)				0	8,171	9.00
10.00	SUBPROVIDER - IPF						10.00
11.00	SUBPROVIDER - IRF	0	0	0	0	0	11.00
12.00	SUBPROVIDER	0	0	0	0	0	12.00
13.00	SKILLED NURSING FACILITY	0	5,829	0	0	0	13.00
14.00	NURSING FACILITY						14.00
15.00	OTHER LONG TERM CARE						15.00
16.00	HOME HEALTH AGENCY						16.00
17.00	CMHC						17.00
17.10	CORF						17.10
18.00	AMBULATORY SURGICAL CENTER (D.P.)						18.00
19.00	HOSPICE						19.00
20.00	Subtotal (sum of lines 9 through 19)						20.00
Cost Center Description		Titles V and XIX Outpatient and Title XVIII Part B Charges			Titles V and XIX Outpatient and Title XVIII Part B Cost	Title XVIII Part B	
		Title V	Title XVIII Part B	Title XIX			
		5.00	6.00	7.00			
Hospital Outpatient Services:							
21.00	RURAL HEALTH CLINIC	0	0	0	0	0	21.00
22.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	22.00
23.00	CLINIC	0	1,907,210	218,957	0	0	23.00
24.00	EMERGENCY	0	19,493,483	20,767,626	0	0	24.00
25.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,242,229	1,039,644	0	0	25.00
26.00	SLEEP LAB	0	623,544	397,663	0	0	26.00
27.00	Subtotal (sum of lines 21 through 26)				0	0	27.00
28.00	Total (sum of lines 20 and 27)						28.00
Cost Center Description		Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents			
		6.00	7.00	11.00			
		PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)					
Hospital Inpatient Routine Services:							
29.00	ADULTS & PEDIATRICS	0	0	0			29.00
30.00	Swing Bed - SNF	0	0				30.00
31.00	Swing Bed - NF						31.00
32.00	INTENSIVE CARE UNIT	0	0	0			32.00
33.00	CORONARY CARE UNIT	0	0	0			33.00
34.00	BURN INTENSIVE CARE UNIT	0	0	0			34.00
35.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			35.00
36.00	OTHER SPECIAL CARE (SPECIFY)						36.00
37.00	Subtotal (sum of lines 28, and 29 through 36)		0	0			37.00
38.00	SUBPROVIDER - IPF						38.00
39.00	SUBPROVIDER - IRF	0	0	0			39.00
40.00	SUBPROVIDER	0	0	0			40.00
41.00	SKILLED NURSING FACILITY	0	0	0			41.00
42.00	Total (sum of lines 37 through 41)		0	0			42.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140250

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

Worksheet D-2
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description	In Approved Teaching Program			
	(from Part II, col. 7, -)	Amount		
	3.00	4.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)				
Hospital				
43.00	Inpatient	line 37.00	0	43.00
44.00	Outpatient			44.00
45.00	Total Hospital (sum of lines 43 and 44)		0	45.00
46.00	SUBPROVIDER - IPF			46.00
47.00	SUBPROVIDER - IRF	col. 9, line 39.00	0	47.00
48.00	SUBPROVIDER	col. 9, line 40.00	0	48.00
49.00	SKILLED NURSING FACILITY	col. 9, line 41.00	0	49.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140250

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

Worksheet D-2

Date/Time Prepared:
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Cost Center Description		Title XIX (col. 4 x col. 7) 10.00		
PART I - NOT IN APPROVED TEACHING PROGRAM				
1.00	Total cost of services rendered			1.00
Hospital Inpatient Routine Services:				
2.00	ADULTS & PEDIATRICS	0		2.00
3.00	INTENSIVE CARE UNIT	0		3.00
4.00	CORONARY CARE UNIT	0		4.00
5.00	BURN INTENSIVE CARE UNIT	0		5.00
6.00	SURGICAL INTENSIVE CARE UNIT	0		6.00
7.00	OTHER SPECIAL CARE (SPECIFY)			7.00
8.00	NURSERY	0		8.00
9.00	Subtotal (sum of lines 2 through 8)	0		9.00
10.00	SUBPROVIDER - IPF			10.00
11.00	SUBPROVIDER - IRF	0		11.00
12.00	SUBPROVIDER	0		12.00
13.00	SKILLED NURSING FACILITY	0		13.00
14.00	NURSING FACILITY			14.00
15.00	OTHER LONG TERM CARE			15.00
16.00	HOME HEALTH AGENCY			16.00
17.00	CMHC			17.00
17.10	CORF			17.10
18.00	AMBULATORY SURGICAL CENTER (D.P.)			18.00
19.00	HOSPICE			19.00
20.00	Subtotal (sum of lines 9 through 19)			20.00
Cost Center Description		Titles V and XIX Outpatient and Title XVIII Part B Cost		
		Title XIX		
		10.00		
Hospital Outpatient Services:				
21.00	RURAL HEALTH CLINIC	0		21.00
22.00	FEDERALLY QUALIFIED HEALTH CENTER	0		22.00
23.00	CLINIC	0		23.00
24.00	EMERGENCY	0		24.00
25.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		25.00
26.00	SLEEP LAB	0		26.00
27.00	Subtotal (sum of lines 21 through 26)	0		27.00
28.00	Total (sum of lines 20 and 27)			28.00
Cost Center Description		Total Title XVIII Costs		
		(to Wkst. E, Part B -)	(col. 2 + col. 4)	
		5.00	6.00	
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)				
Hospital				
43.00	Inpatient		8,171	43.00
44.00	Outpatient			44.00
45.00	Total Hospital (sum of lines 43 and 44)	line 2.00	8,171	45.00
46.00	SUBPROVIDER - IPF			46.00
47.00	SUBPROVIDER - IRF	line 2.00	0	47.00
48.00	SUBPROVIDER	line 2.00	0	48.00
49.00	SKILLED NURSING FACILITY	line 2.00	0	49.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 9:51 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		25,492,718		30.00
31.00	INTENSIVE CARE UNIT		8,832,094		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
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	0.155488	12,082,781	1,878,727	50.00
53.00	ANESTHESIOLOGY	0.039240	1,539,735	60,419	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.148917	13,386,378	1,993,459	54.00
56.00	RADIOISOTOPE	0.216157	1,357,358	293,402	56.00
56.01	ULTRASOUND	0.125553	593,985	74,577	56.01
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.128826	6,187,462	797,106	59.00
60.00	LABORATORY	0.157234	13,461,669	2,116,632	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.158934	1,861,979	295,932	62.00
64.00	INTRAVENOUS THERAPY	1.056322	320,535	338,588	64.00
65.00	RESPIRATORY THERAPY	0.165385	6,546,315	1,082,662	65.00
66.00	PHYSICAL THERAPY	0.444084	1,149,380	510,421	66.00
67.00	OCCUPATIONAL THERAPY	0.439568	181,910	79,962	67.00
68.00	SPEECH PATHOLOGY	0.312577	349,175	109,144	68.00
69.00	ELECTROCARDIOLOGY	0.158661	3,439,928	545,782	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.152659	447,902	68,376	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.424056	10,679,303	4,528,623	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.379903	6,801,496	2,583,909	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.200674	23,014,657	4,618,443	73.00
74.00	RENAL DIALYSIS	0.261745	1,853,741	485,207	74.00
75.00	ASC (NON-DISTINCT PART)	0.547596	114,761	62,843	75.00
76.00	PULMONARY FUNCTION TESTING	0.170971	294,723	50,389	76.00
76.97	CARDIAC REHABILITATION	0.981850	5,854	5,748	76.97
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	0.375201	28,707	10,771	90.00
91.00	EMERGENCY	0.170628	11,121,300	1,897,605	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.476844	0	0	92.00
93.00	SLEEP LAB	0.180847	0	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		116,821,034	24,488,727	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)		116,821,034		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 145599		Date/Time Prepared: 5/30/2012 9:51 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		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
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.155488	3,368	524	50.00
53.00	ANESTHESIOLOGY	0.039240	892	35	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.148917	225,131	33,526	54.00
56.00	RADIOISOTOPE	0.216157	10,947	2,366	56.00
56.01	ULTRASOUND	0.125553	8,577	1,077	56.01
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.128826	0	0	59.00
60.00	LABORATORY	0.157234	481,137	75,651	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.158934	21,953	3,489	62.00
64.00	INTRAVENOUS THERAPY	1.056322	92,338	97,539	64.00
65.00	RESPIRATORY THERAPY	0.165385	478,426	79,124	65.00
66.00	PHYSICAL THERAPY	0.444084	931,999	413,886	66.00
67.00	OCCUPATIONAL THERAPY	0.439568	922,027	405,294	67.00
68.00	SPEECH PATHOLOGY	0.312577	27,913	8,725	68.00
69.00	ELECTROCARDIOLOGY	0.158661	16,984	2,695	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.152659	5,787	883	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.424056	638,508	270,763	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.379903	4,319	1,641	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.200674	2,339,867	469,550	73.00
74.00	RENAL DIALYSIS	0.261745	1,169	306	74.00
75.00	ASC (NON-DISTINCT PART)	0.547596	566	310	75.00
76.00	PULMONARY FUNCTION TESTING	0.170971	6,058	1,036	76.00
76.97	CARDIAC REHABILITATION	0.981850	0	0	76.97
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	0.375201	0	0	90.00
91.00	EMERGENCY	0.170628	6,762	1,154	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.476844	0	0	92.00
93.00	SLEEP LAB	0.180847	0	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		6,224,728	1,869,574	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		6,224,728		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 9:51 am
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		8,522,078	30.00
31.00	INTENSIVE CARE UNIT		2,108,085	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
41.00	SUBPROVIDER - IRF		0	41.00
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY		1,090,080	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000	1,547,512	0 50.00
53.00	ANESTHESIOLOGY	0.000000	686,536	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	2,991,299	0 54.00
56.00	RADIOISOTOPE	0.000000	241,225	0 56.00
56.01	ULTRASOUND	0.000000	238,561	0 56.01
57.00	CT SCAN	0.000000	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0.000000	1,205,325	0 59.00
60.00	LABORATORY	0.000000	3,558,552	0 60.00
60.01	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	605,879	0 62.00
64.00	INTRAVENOUS THERAPY	0.000000	78,145	0 64.00
65.00	RESPIRATORY THERAPY	0.000000	1,271,192	0 65.00
66.00	PHYSICAL THERAPY	0.000000	110,616	0 66.00
67.00	OCCUPATIONAL THERAPY	0.000000	21,249	0 67.00
68.00	SPEECH PATHOLOGY	0.000000	45,708	0 68.00
69.00	ELECTROCARDIOLOGY	0.000000	585,377	0 69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	76,442	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,729,708	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	1,037,935	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	6,675,918	0 73.00
74.00	RENAL DIALYSIS	0.000000	283,234	0 74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	12,593	0 75.00
76.00	PULMONARY FUNCTION TESTING	0.000000	50,120	0 76.00
76.97	CARDIAC REHABILITATION	0.000000	1,379	0 76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	CLINIC	0.000000	962	0 90.00
91.00	EMERGENCY	0.000000	2,348,932	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
93.00	SLEEP LAB	0.000000	0	0 93.00
200.00	Total (sum of lines 50-94 and 96-98)		25,404,399	0 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		25,404,399	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 9:51 am
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		35,030,437	1.00
2.00	Outlier payments for discharges. (see instructions)		608,659	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		190.12	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.29	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		15.29	31.00
32.00	Sum of lines 30 and 31		20.58	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.20	33.00
34.00	Disproportionate share adjustment (see instructions)		2,171,887	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		37,810,983	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)		37,810,983	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,997,297	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		19,000	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		48,845	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 9:51 am
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			28,337 58.00
59.00	Total (sum of amounts on lines 49 through 58)			40,904,462 59.00
60.00	Primary payer payments			8,662 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			40,895,800 61.00
62.00	Deductibles billed to program beneficiaries			3,454,652 62.00
63.00	Coinsurance billed to program beneficiaries			173,180 63.00
64.00	Allowable bad debts (see instructions)			1,283,677 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			898,574 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			639,357 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			38,166,542 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)			38,166,542 71.00
72.00	Interim payments			38,520,115 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)			-353,573 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: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 9:51 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		119,026	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,314,229	2.00
3.00	PPS payments		10,558,571	3.00
4.00	Outlier payment (see instructions)		87,931	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.778	5.00
6.00	Line 2 times line 5		9,580,470	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		22,684	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		119,026	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		346,353	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)		346,353	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		346,353	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		227,327	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)		119,026	21.00
22.00	Interns and residents (see instructions)		8,171	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)		10,669,186	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		55,914	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,382,529	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)		8,357,940	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)		8,357,940	30.00
31.00	Primary payer payments		668	31.00
32.00	Subtotal (line 30 minus line 31)		8,357,272	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)		662,963	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		464,074	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		434,837	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		8,821,346	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)		8,821,346	40.00
41.00	Interim payments		8,324,449	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)		496,897	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: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 9:51 am
		Component CCN: 145599	Title XVIII	Skilled Nursing Facility
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140250

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2012 9:51 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		38,268,774		8,207,390	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/05/2011	251,341	08/05/2011	117,059	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)		251,341		117,059	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)		38,520,115		8,324,449	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		496,897	6.01
6.02	SETTLEMENT TO PROGRAM		353,573		0	6.02
7.00	Total Medicare program liability (see instructions)		38,166,542		8,821,346	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140250

Period: From 01/01/2011

Worksheet E-1

Component CCN: 145599

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 9:51 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,680,999		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)		2,680,999		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		26,777		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,707,776		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/30/2012 9:51 am
		Title XVIII	Hospital	PPS
				1.00
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			12,168 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			21,091 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			3,619 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			43,654 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			614,650,716 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			12,614,976 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,429,393 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			2,429,393 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250 Component CCN: 145599	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VI Date/Time Prepared: 5/30/2012 9:51 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		2,792,501	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		17	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,792,518	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		111,502	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		26,760	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		2,707,776	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		2,707,776	15.00
16.00	Interim payments		2,680,999	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		26,777	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

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

Provider CCN: 140250

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

Worksheet G

Date/Time Prepared:
5/30/2012 9:51 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	163,733,000	0	0	0	1.00
2.00	Temporary investments	64,573,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	373,497,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	169,155,000	0	0	0	9.00
10.00	Due from other funds	36,896,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	807,854,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	97,005,000	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	1,771,448,000	0	0	0	15.00
16.00	Accumulated depreciation	-1,168,349,000	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	1,013,835,000	0	0	0	23.00
24.00	Accumulated depreciation	-500,000,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,213,939,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	3,266,326,000	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	132,449,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,398,775,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	5,420,568,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	157,906,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	270,822,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	301,284,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	290,972,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,020,984,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	966,446,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	826,415,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,792,861,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,813,845,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	2,606,723,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	2,606,723,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	5,420,568,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140250

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

Worksheet G-1

Date/Time Prepared:
5/30/2012 9:51 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		2,590,726,818		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		15,996,182			2.00
3.00	Total (sum of line 1 and line 2)		2,606,723,000		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)		2,606,723,000		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)		2,606,723,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140250

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

Worksheet G-1

Date/Time Prepared:
5/30/2012 9:51 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140250

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

Worksheet G-2 Parts
Date/Time Prepared:
5/30/2012 9:51 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	61,100,178		61,100,178	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	6,266,215		6,266,215	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	67,366,393		67,366,393	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,734,069		17,734,069	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)	17,734,069		17,734,069	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	85,100,462		85,100,462	17.00
18.00	Ancillary services	251,255,747	179,524,822	430,780,569	18.00
19.00	Outpatient services	23,908,227	74,861,458	98,769,685	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				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON RE - ACCRUAL	-477,175	165,148	-312,027	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	359,787,261	254,551,428	614,338,689	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		168,385,513		29.00
30.00		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)		168,385,513		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140250

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

Worksheet G-3

Date/Time Prepared:
5/30/2012 9:51 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	614,338,689	1.00
2.00	Less contractual allowances and discounts on patients' accounts	423,660,537	2.00
3.00	Net patient revenues (line 1 minus line 2)	190,678,152	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	168,385,513	4.00
5.00	Net income from service to patients (line 3 minus line 4)	22,292,639	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	6,113,458	24.00
25.00	Total other income (sum of lines 6-24)	6,113,458	25.00
26.00	Total (line 5 plus line 25)	28,406,097	26.00
27.00	CORPORATE EXPENSES	12,409,915	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	12,409,915	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	15,996,182	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140250	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/30/2012 9:51 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,844,048	1.00
2.00	Capital DRG outlier payments		32,093	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		119.60	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.29	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		15.29	8.00
9.00	Sum of lines 7 and 8		20.58	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.26	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		121,156	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,997,297	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