

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: 140289
 Period: From 01/01/2011 To 12/31/2011
 Worksheet S Parts I-III
 Date/Time Prepared: 5/25/2012 4:48 pm

PART I - COST REPORT STATUS

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ANDERSON 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	126,521	126,326	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-13,310	5	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	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	113,211	126,331	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 140289		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/25/2012 4:48 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 6800 STATE ROUTE 162			PO Box:				1.00			
2.00	City: MARYVILLE			State: IL		Zip Code: 62062-1000		County: MADISON			
		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		ANDERSON HOSPITAL	140289	41180	1	11/22/1976	N	P	N	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		THE REHABILITATION CENTER	14T289	41180	5	01/01/2005	N	P	N	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N		N	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		ANDERSON HOME HEALTH	147420	41180		05/30/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							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.						1	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			3,936	1,515	0	0	0	0	24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.			101	34	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: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/25/2012 4:48 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	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)		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: 140289

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

Worksheet S-2
Part I
Date/Time Prepared:
5/25/2012 4:48 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/25/2012 4:48 pm	
			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.		Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)		N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
			Respiratory		4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	109.00
			1.00		2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		1,000,000	3,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		N		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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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)						N		140.00
			1.00	2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	Contractor's Name:		Contractor's Number:				141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:		Zip Code:				143.00	
							1.00		
144.00	Are provider based physicians' costs included in Worksheet A?						Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						Y		145.00
							1.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N		149.00
							Part A 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.						N		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/25/2012 4:48 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/24/2012		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140289

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

Worksheet S-2
Part II
Date/Time Prepared:
5/25/2012 4:48 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140289

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

Worksheet S-2
Part II
Date/Time Prepared:
5/25/2012 4:48 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/24/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140289

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2012 4:48 pm

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	122	44,530	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)		122	44,530	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00		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	43.00					13.00
14.00 Total (see instructions)		134	48,910	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		149				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: 140289

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2012 4:48 pm

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	9,420	2,577	21,696		1.00
2.00 HMO		2,358	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		358	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	9,420	2,577	21,696		7.00
8.00 INTENSIVE CARE UNIT	0	842	128	2,476		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	0		1,530	3,989		13.00
14.00 Total (see instructions)	0	10,262	4,235	28,161		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	3,390	157	4,353		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	3,854	0	6,210		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		110	1,383		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)			331	643		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140289

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	2,466	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	871.30	0.00	0	2,466	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	20.13	0.00	0	290	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	11.33	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	902.76	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: 140289

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2012 4:48 pm

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)	1,075	7,190		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)	1,075	7,190		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	12	379		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: 140289

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2012 4:48 pm

	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	44,989,632	0	44,989,632	1,877,617.00 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	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		1,570,715	0	1,570,715	67,883.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		247,774	0	247,774	5,242.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		432,203	0	432,203	2,529.00 13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		10,976,105	0	10,976,105	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	18.00
19.00	Excluded areas		364,639	0	364,639	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	380,845	0	380,845	12,495.00 26.00
27.00	Administrative & General	5.00	5,625,786	158,009	5,783,795	260,684.00 27.00
28.00	Administrative & General under contract (see inst.)		1,587,886	0	1,587,886	30,570.25 28.00
29.00	Maintenance & Repairs	6.00	979,865	0	979,865	36,157.00 29.00
30.00	Operation of Plant	7.00	0	0	0	0.00 30.00
31.00	Laundry & Linen Service	8.00	48,216	0	48,216	4,046.00 31.00
32.00	Housekeeping	9.00	1,016,805	0	1,016,805	78,377.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	773,715	-505,122	268,593	21,731.58 34.00
35.00	Dietary under contract (see instructions)		825,174	0	825,174	10,392.00 35.00
36.00	Cafeteria	11.00	0	505,122	505,122	40,877.42 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	749,609	0	749,609	17,179.00 38.00
39.00	Central Services and Supply	14.00	732,708	0	732,708	46,917.00 39.00
40.00	Pharmacy	15.00	1,213,436	0	1,213,436	35,352.00 40.00
41.00	Medical Records & Medical Records Library	16.00	1,701,463	-544,515	1,156,948	63,040.00 41.00
42.00	Social Service	17.00	304,829	0	304,829	12,619.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/25/2012 4:48 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	23.96	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	23.14	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	47.27	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	170.90	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	30.48	26.00
27.00	Administrative & General	22.19	27.00
28.00	Administrative & General under contract (see inst.)	51.94	28.00
29.00	Maintenance & Repairs	27.10	29.00
30.00	Operation of Plant	0.00	30.00
31.00	Laundry & Linen Service	11.92	31.00
32.00	Housekeeping	12.97	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	12.36	34.00
35.00	Dietary under contract (see instructions)	79.40	35.00
36.00	Cafeteria	12.36	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	43.64	38.00
39.00	Central Services and Supply	15.62	39.00
40.00	Pharmacy	34.32	40.00
41.00	Medical Records & Medical Records Library	18.35	41.00
42.00	Social Service	24.16	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140289

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2012 4:48 pm

	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)	47,402,692	0	47,402,692	1,918,579.25	1.00
2.00	Excluded area salaries (see instructions)	1,570,715	0	1,570,715	67,883.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,831,977	0	45,831,977	1,850,696.25	3.00
4.00	Subtotal other wages & related costs (see inst.)	679,977	0	679,977	7,771.00	4.00
5.00	Subtotal wage-related costs (see inst.)	10,976,105	0	10,976,105	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	57,488,059	0	57,488,059	1,858,467.25	6.00
7.00	Total overhead cost (see instructions)	15,940,337	-386,506	15,553,831	670,437.25	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/25/2012 4:48 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	24.71	1.00
2.00	Excluded area salaries (see instructions)	23.14	2.00
3.00	Subtotal salaries (line 1 minus line 2)	24.76	3.00
4.00	Subtotal other wages & related costs (see inst.)	87.50	4.00
5.00	Subtotal wage-related costs (see inst.)	23.95	5.00
6.00	Total (sum of lines 3 thru 5)	30.93	6.00
7.00	Total overhead cost (see instructions)	23.20	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2012 4:48 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	1,409,296	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	20,985	6.00
7.00	Employee Managed Care Program Administration Fees	4,279	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	4,940,200	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	168,490	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	33,485	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)	41,770	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	7,158	14.00
15.00	'Workers' Compensation Insurance	1,357,027	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	3,304,143	17.00
18.00	Medicare Taxes - Employers Portion Only	20,937	18.00
19.00	Unemployment Insurance	48,787	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	-47,532	21.00
22.00	Day Care Cost and Allowances	-8,074	22.00
23.00	Tuition Reimbursement	39,793	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,340,744	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: 140289

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

Worksheet S-3
Part V
Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,431,719	0	1.00
2.00	Hospital	1,835,660	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	596,059	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140289 Component CCN: 147420		Period: From 01/01/2011 To 12/31/2011		Worksheet S-4 Date/Time Prepared: 5/25/2012 4:48 pm	
				Home Health Agency I		PPS	
1.00							
0.00	County	MADISON					0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	2,792	165	787	3,744	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	260.00	18.00	111.00	439.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			1.64	0.00	1.64	5.00
6.00	Direct Nursing Service			3.70	0.00	3.70	6.00
7.00	Nursing Supervisor			1.00	0.00	1.00	7.00
8.00	Physical Therapy Service			1.71	0.00	1.71	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.44	0.00	0.44	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.04	0.00	0.04	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.80	0.00	1.80	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			41180			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,386	0	134	9	1,529	21.00
22.00	Skilled Nursing Visit Charges	217,940	0	21,132	1,422	240,494	22.00
23.00	Physical Therapy Visits	1,299	0	16	8	1,323	23.00
24.00	Physical Therapy Visit Charges	203,778	0	2,528	1,264	207,570	24.00
25.00	Occupational Therapy Visits	375	0	6	0	381	25.00
26.00	Occupational Therapy Visit Charges	57,824	0	948	0	58,772	26.00
27.00	Speech Pathology Visits	64	0	0	0	64	27.00
28.00	Speech Pathology Visit Charges	10,096	0	0	0	10,096	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	557	0	0	0	557	31.00
32.00	Home Health Aide Visit Charges	46,556	0	0	0	46,556	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,681	0	156	17	3,854	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	536,194	0	24,608	2,686	563,488	35.00
36.00	Total Number of Episodes (standard/non outlier)	242		55	1	298	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	9,051	0	2,278	0	11,329	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/25/2012 4:48 pm
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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)		0.278520	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		3,162,967	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		36,639,802	6.00	
7.00	Medicaid cost (line 1 times line 6)		10,204,918	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)		7,041,951	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)		7,041,951	19.00	
			1.00		
			2.00		
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	5,329,826	0	5,329,826	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,484,463	0	1,484,463	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,484,463	0	1,484,463	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		8,083,068	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		333,205	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		7,749,863	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,158,492	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		3,642,955	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		10,684,906	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140289		Period: From 01/01/2011 To 12/31/2011		Worksheet A	
Date/Time Prepared: 5/25/2012 4:48 pm							
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		2,744,862	2,744,862	2,461,563	5,206,425	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		3,738,901	3,738,901	640,974	4,379,875	2.00
3.00	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	EMPLOYEE BENEFITS	380,845	11,460,385	11,841,230	18,239	11,859,469	4.00
5.00	ADMINISTRATIVE & GENERAL	5,625,786	17,979,810	23,605,596	-717,467	22,888,129	5.00
6.00	MAINTENANCE & REPAIRS	979,865	654,187	1,634,052	0	1,634,052	6.00
7.00	OPERATION OF PLANT	0	1,908,299	1,908,299	3,347	1,911,646	7.00
8.00	LAUNDRY & LINEN SERVICE	48,216	415,193	463,409	0	463,409	8.00
9.00	HOUSEKEEPING	1,016,805	186,363	1,203,168	-8,189	1,194,979	9.00
10.00	DIETARY	773,715	840,468	1,614,183	-1,053,867	560,316	10.00
11.00	CAFETERIA	0	0	0	1,053,824	1,053,824	11.00
13.00	NURSING ADMINISTRATION	749,609	177,356	926,965	-239	926,726	13.00
14.00	CENTRAL SERVICES & SUPPLY	732,708	681,322	1,414,030	-364,942	1,049,088	14.00
15.00	PHARMACY	1,213,436	3,842,161	5,055,597	-215,546	4,840,051	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,701,463	796,160	2,497,623	-819,354	1,678,269	16.00
17.00	SOCIAL SERVICE	304,829	7,574	312,403	1	312,404	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	PARAMED ED PRGM	54,408	1,416	55,824	0	55,824	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,733,608	234,497	5,968,105	762,234	6,730,339	30.00
31.00	INTENSIVE CARE UNIT	1,717,926	286,810	2,004,736	-11,440	1,993,296	31.00
41.00	SUBPROVIDER - IRF	861,939	629,101	1,491,040	-4,633	1,486,407	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	907,208	907,208	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,874,981	7,989,942	12,864,923	-5,958,447	6,906,476	50.00
52.00	DELIVERY ROOM & LABOR ROOM	4,266,431	503,659	4,770,090	-2,048,465	2,721,625	52.00
53.00	ANESTHESIOLOGY	0	226,519	226,519	-18,651	207,868	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,090,058	1,211,180	3,301,238	53,905	3,355,143	54.00
56.00	RADIOISOTOPE	160,616	321,483	482,099	-214,118	267,981	56.00
57.00	CT SCAN	337,452	1,175,622	1,513,074	-380,993	1,132,081	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	199,645	506,253	705,898	-70,735	635,163	58.00
59.00	CARDIAC CATHETERIZATION	634,350	1,643,866	2,278,216	-1,560,706	717,510	59.00
60.00	LABORATORY	1,279,269	3,755,350	5,034,619	-624,598	4,410,021	60.00
65.00	RESPIRATORY THERAPY	1,044,859	311,945	1,356,804	-114,120	1,242,684	65.00
66.00	PHYSICAL THERAPY	1,272,882	137,876	1,410,758	99,382	1,510,140	66.00
67.00	OCCUPATIONAL THERAPY	748,697	22,359	771,056	125,913	896,969	67.00
68.00	SPEECH PATHOLOGY	555,440	22,764	578,204	67,770	645,974	68.00
68.01	AUDIOLOGY	136,425	131,316	267,741	-105,282	162,459	68.01
69.00	ELECTROCARDIOLOGY	314,273	276,370	590,643	-10,322	580,321	69.00
69.01	CARDIOPULMONARY	433,537	20,441	453,978	-1,190	452,788	69.01
70.00	ELECTROENCEPHALOGRAPHY	48,220	7,921	56,141	-4,138	52,003	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,375,881	10,375,881	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	128,436	128,436	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	4,042,971	593,964	4,636,935	-286,476	4,350,459	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	654,368	72,474	726,842	-4,503	722,339	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE		2,100,256	2,100,256	-2,100,256	0	113.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	44,989,632	67,616,425	112,606,057	0	112,606,057	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	RENTED SPACE	0	0	0	0	0	194.00
200.00	TOTAL (SUM OF LINES 118-199)	44,989,632	67,616,425	112,606,057	0	112,606,057	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140289

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

Worksheet A
Date/Time Prepared:
5/25/2012 4:48 pm

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	-1,790,850	3,415,575	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-451,027	3,928,848	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-53,009	11,806,460	4.00
5.00	ADMINISTRATIVE & GENERAL	-7,483,849	15,404,280	5.00
6.00	MAINTENANCE & REPAIRS	0	1,634,052	6.00
7.00	OPERATION OF PLANT	-12,669	1,898,977	7.00
8.00	LAUNDRY & LINEN SERVICE	0	463,409	8.00
9.00	HOUSEKEEPING	0	1,194,979	9.00
10.00	DIETARY	-1,000	559,316	10.00
11.00	CAFETERIA	0	1,053,824	11.00
13.00	NURSING ADMINISTRATION	0	926,726	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,049,088	14.00
15.00	PHARMACY	0	4,840,051	15.00
16.00	MEDICAL RECORDS & LIBRARY	-89,975	1,588,294	16.00
17.00	SOCIAL SERVICE	0	312,404	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	PARAMED ED PRGM	-44,270	11,554	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	6,730,339	30.00
31.00	INTENSIVE CARE UNIT	0	1,993,296	31.00
41.00	SUBPROVIDER - IRF	0	1,486,407	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	907,208	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	6,906,476	50.00
52.00	DELIVERY ROOM & LABOR ROOM	-18,054	2,703,571	52.00
53.00	ANESTHESIOLOGY	-74,326	133,542	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-109,461	3,245,682	54.00
56.00	RADIOISOTOPE	0	267,981	56.00
57.00	CT SCAN	0	1,132,081	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	635,163	58.00
59.00	CARDIAC CATHETERIZATION	-36,633	680,877	59.00
60.00	LABORATORY	-145,541	4,264,480	60.00
65.00	RESPIRATORY THERAPY	0	1,242,684	65.00
66.00	PHYSICAL THERAPY	-49,498	1,460,642	66.00
67.00	OCCUPATIONAL THERAPY	-4,966	892,003	67.00
68.00	SPEECH PATHOLOGY	-40,093	605,881	68.00
68.01	AUDIOLOGY	-35,167	127,292	68.01
69.00	ELECTROCARDIOLOGY	-154,480	425,841	69.00
69.01	CARDIOPULMONARY	-27,211	425,577	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	52,003	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,375,881	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	128,436	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	EMERGENCY	0	4,350,459	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	0	722,339	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW - SNF	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-10,622,079	101,983,978	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	RENTED SPACE	0	0	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-10,622,079	101,983,978	200.00

RECLASSIFICATIONS

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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - RECLASS INTEREST EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	1,572,664	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	527,592	2.00	
	TOTALS		0	2,100,256		
B - RECLASS EXPENSES FOR CAFETERIA						
1.00	CAFETERIA	11.00	505,122	548,702	1.00	
	TOTALS		505,122	548,702		
C - RECLASS SALARY FM LDR TO N & A&P						
1.00	ADULTS & PEDI ATRICS	30.00	853,286	100,732	1.00	
2.00	NURSERY	43.00	853,286	100,732	2.00	
	TOTALS		1,706,572	201,464		
D - RECLASS EXPENSES FOR UTILIZATION REV						
1.00	ADMINISTRATIVE & GENERAL	5.00	544,515	274,792	1.00	
	TOTALS		544,515	274,792		
E - RECLASS ELECTRICITY EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	3,347	1.00	
	TOTALS		0	3,347		
F - RECLASS TELEPHONE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	716	1.00	
	TOTALS		0	716		
G - RECLASS DIALYSIS EXPENSE						
1.00	RENAL DI ALYSIS	74.00	0	128,436	1.00	
	TOTALS		0	128,436		
H - RECLASS INSURANCE EXPENSE						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	103,778	1.00	
	TOTALS		0	103,778		
I - RECLASS EXECUTIVE BENEFITS						
1.00	EMPLOYEE BENEFITS	4.00	0	1,387	1.00	
	TOTALS		0	1,387		
J - RECLASS MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,375,881	1.00	
2.00	SOCIAL SERVICE	17.00	0	1	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	
	TOTALS		0	10,375,882		
K - RECLASS REAL ESTATE TAXES						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	288,639	1.00	
	TOTALS		0	288,639		
L - RECLASS PHYSICIAN OFFICE LEASE						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	609,864	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	TOTALS		0	609,864		

RECLASSIFICATIONS

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
M - RECLASS PROFESSIONAL REMUNERATION					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	200,000	1.00
2.00	ANESTHESIOLOGY	53.00	0	160,417	2.00
	TOTALS		0	360,417	
N - RECLASS PENSION PLAN AUDIT COSTS					
1.00	EMPLOYEE BENEFITS	4.00	0	20,985	1.00
	TOTALS		0	20,985	
O - RECLASS REHAB ADMIN EXP					
1.00	SPEECH PATHOLOGY	68.00	65,148	2,622	1.00
2.00	AUDIOLOGY	68.01	16,292	656	2.00
3.00	OCCUPATIONAL THERAPY	67.00	122,396	4,926	3.00
4.00	PHYSICAL THERAPY	66.00	182,670	7,352	4.00
	TOTALS		386,506	15,556	
500.00	Grand Total: Increases		3,142,715	15,034,221	500.00

RECLASSIFICATIONS

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Period:
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To 12/31/2011

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Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - RECLASS INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	2,100,256	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	2,100,256			
B - RECLASS EXPENSES FOR CAFETERIA							
1.00	DIETARY	10.00	505,122	548,702	0		1.00
	TOTALS		505,122	548,702			
C - RECLASS SALARY FM LDR TO N & A&P							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,706,572	201,464	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,706,572	201,464			
D - RECLASS EXPENSES FOR UTILIZATION REV							
1.00	MEDICAL RECORDS & LIBRARY	16.00	544,515	274,792	0		1.00
	TOTALS		544,515	274,792			
E - RECLASS ELECTRICITY EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,347	0		1.00
	TOTALS		0	3,347			
F - RECLASS TELEPHONE EXPENSE							
1.00	HOME HEALTH AGENCY	101.00	0	716	0		1.00
	TOTALS		0	716			
G - RECLASS DIALYSIS EXPENSE							
1.00	ADULTS & PEDIATRICS	30.00	0	128,436	0		1.00
	TOTALS		0	128,436			
H - RECLASS INSURANCE EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	103,778	12		1.00
	TOTALS		0	103,778			
I - RECLASS EXECUTIVE BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,387	0		1.00
	TOTALS		0	1,387			
J - RECLASS MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	4,133	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	744	0		2.00
3.00	HOUSEKEEPING	9.00	0	8,189	0		3.00
4.00	DIETARY	10.00	0	43	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	239	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	364,942	0		6.00
7.00	PHARMACY	15.00	0	215,546	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	47	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	63,348	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	11,440	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	4,633	0		11.00
12.00	NURSERY	43.00	0	46,810	0		12.00
13.00	OPERATING ROOM	50.00	0	5,958,447	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	140,429	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	179,068	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	146,095	0		16.00
17.00	RADIOISOTOPE	56.00	0	214,118	0		17.00
18.00	CT SCAN	57.00	0	380,993	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	70,735	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	1,560,706	0		20.00
21.00	LABORATORY	60.00	0	624,598	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	114,120	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	5,867	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	1,409	0		24.00
25.00	AUDIOLOGY	68.01	0	122,230	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	10,322	0		26.00
27.00	CARDIOPULMONARY	69.01	0	1,190	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,138	0		28.00
29.00	EMERGENCY	91.00	0	117,516	0		29.00
30.00	HOME HEALTH AGENCY	101.00	0	3,787	0		30.00
	TOTALS		0	10,375,882			
K - RECLASS REAL ESTATE TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	288,639	0		1.00
	TOTALS		0	288,639			
L - RECLASS PHYSICIAN OFFICE LEASE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	337,606	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	18,525	0		2.00
3.00	PHYSICAL THERAPY	66.00	0	84,773	0		3.00
4.00	EMERGENCY	91.00	0	168,960	0		4.00
	TOTALS		0	609,864			

RECLASSIFICATIONS

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
M - RECLASS PROFESSIONAL REMUNERATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	360,417	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	360,417			
N - RECLASS PENSION PLAN AUDIT COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	20,985	0		1.00
	TOTALS		0	20,985			
O - RECLASS REHAB ADMIN EXP							
1.00	ADMINISTRATIVE & GENERAL	5.00	386,506	15,556	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		386,506	15,556			
500.00	Grand Total: Decreases			3,142,715	15,034,221		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140289

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	673,013	0	0	0	1.00
2.00	Land Improvements	2,408,594	161,158	0	161,158	2.00
3.00	Buildings and Fixtures	79,795,486	8,589,280	0	8,589,280	3.00
4.00	Building Improvements	24,000	0	0	0	4.00
5.00	Fixed Equipment	4,789,958	300,548	0	300,548	5.00
6.00	Movable Equipment	32,331,414	4,822,344	0	4,822,344	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	120,022,465	13,873,330	0	13,873,330	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	120,022,465	13,873,330	0	13,873,330	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	2,744,862	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3,702,077	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,446,939	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	90,563,382	0	90,563,382	0.711067	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	36,799,193	0	36,799,193	0.288933	2.00
3.00	Total (sum of lines 1-2)	127,362,575	0	127,362,575	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140289

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Worksheet A-7
Parts I-III
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	673,013	0		1.00		
2.00	Land Improvements	2,569,752	0		2.00		
3.00	Buildings and Fixtures	87,969,630	0		3.00		
4.00	Building Improvements	24,000	0		4.00		
5.00	Fixed Equipment	5,035,498	0		5.00		
6.00	Movable Equipment	31,763,695	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	128,035,588	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	128,035,588	0		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	2,744,862		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	36,824	3,738,901		2.00		
3.00	Total (sum of lines 1-2)	36,824	6,483,763		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	205,242	0	279,035	2,744,862	609,864	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	83,397	0	113,382	3,702,077	0	2.00
3.00	Total (sum of lines 1-2)	288,639	0	392,417	6,446,939	609,864	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140289

Period:
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Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	228,225	73,793	205,242	-446,411	3,415,575	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	76,565	29,985	83,397	36,824	3,928,848	2.00
3.00	Total (sum of lines 1-2)	304,790	103,778	288,639	-409,587	7,344,423	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140289

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

Worksheet A-8

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,344,439	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-451,027	NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00 7.00
8.00 Television and radio service (chapter 21)		0		0.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-1,640,680		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	0		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	B	-89,725	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		ORESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW - SNF	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00 Physicians' assistant				0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00 MANAGMENT FEES	B	-264,000	ADMINISTRATIVE & GENERAL	5.00 33.00
35.00 EMT CLASS REVENUE	B	-44,270	PARAMED ED PRGM	23.00 35.00
36.00 CR CARD SHARING	B	-49,157	ADMINISTRATIVE & GENERAL	5.00 36.00
37.00 UNFUNDED MALPRACTICE SELF INSURANCE	A	-1,720,000	ADMINISTRATIVE & GENERAL	5.00 37.00
38.00 CANCER CENTER STUDIES OFFSET	B	-24,061	RADIOLOGY-DIAGNOSTIC	54.00 38.00
39.00 OTHER MISCELLANEOUS INCOME	B	-8,991	ADMINISTRATIVE & GENERAL	5.00 39.00
40.00 FINANCIAL SERVICE DONATIONS	A	-17,669	ADMINISTRATIVE & GENERAL	5.00 40.00
41.00 DISCOUNTS	B	-372	ADMINISTRATIVE & GENERAL	5.00 41.00
42.00 HFS PROMPT PAY	B	-396	ADMINISTRATIVE & GENERAL	5.00 42.00
43.00 CHILDBIRTH CLASSES	B	-2,835	DELIVERY ROOM & LABOR ROOM	52.00 43.00
44.00 OBLACTATION REVENUE	B	-15,219	DELIVERY ROOM & LABOR ROOM	52.00 44.00
45.00 OTHER REVENUE EDUCATION REIMB	B	-25	ADMINISTRATIVE & GENERAL	5.00 45.00
45.02 PATIENT TELEVISIONS	A	-12,669	OPERATION OF PLANT	7.00 45.02
45.03 PATIENT TELEPHONES	A	-13,445	ADMINISTRATIVE & GENERAL	5.00 45.03
45.04 SISHA EMPLOYEE BENEFITS	A	-11,490	EMPLOYEE BENEFITS	4.00 45.04
45.05 SISHA EMPLOYEE BENEFITS	A	-10,300	EMPLOYEE BENEFITS	4.00 45.05
45.06 SISHA EMPLOYEE BENEFITS	A	-9,163	EMPLOYEE BENEFITS	4.00 45.06
45.07 SISHA EMPLOYEE BENEFITS	A	-1,062	EMPLOYEE BENEFITS	4.00 45.07
45.08 SISHA EMPLOYEE BENEFITS	A	-4,213	EMPLOYEE BENEFITS	4.00 45.08
45.09 PHYSICIAN RECRUITMENT	A	-54,803	ADMINISTRATIVE & GENERAL	5.00 45.09

Provider CCN: 140289 Period: From 01/01/2011 To 12/31/2011 Worksheet A-8
 Date/Time Prepared: 5/25/2012 4:48 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	
			Cost Center			
			1.00	2.00		
45.10	LI FELINE EXPENSE	A	-41,057	ADMINISTRATIVE & GENERAL	5.00	45.10
45.11	LOBBYING EXPENSE	A	-31,562	ADMINISTRATIVE & GENERAL	5.00	45.11
45.12	PROMOTIONAL ITEMS	A	-9,703	ADMINISTRATIVE & GENERAL	5.00	45.12
45.13	ALCOHOL EXPENSE	A	-5,613	ADMINISTRATIVE & GENERAL	5.00	45.13
45.14	PUBLICITY SALARIES	A	-63,659	ADMINISTRATIVE & GENERAL	5.00	45.14
45.15	PUBLICITY EXPENSES	A	-292,254	ADMINISTRATIVE & GENERAL	5.00	45.15
45.16	PUBLICITY EMPLOYEE BENEFITS	A	-16,781	EMPLOYEE BENEFITS	4.00	45.16
45.17	SISHA PT SALARIES	A	-43,589	PHYSICAL THERAPY	66.00	45.17
45.18	SISHA OT SALARIES	A	-4,028	OCCUPATIONAL THERAPY	67.00	45.18
45.19	SISHA ST SALARIES	A	-39,074	SPEECH PATHOLOGY	68.00	45.19
45.20	SISHA AUDIOLOGY SALARIES	A	-34,760	AUDIOLOGY	68.01	45.20
45.21	SISHA OVERHEAD	A	-5,909	PHYSICAL THERAPY	66.00	45.21
45.22	SISHA OVERHEAD	A	-1,019	SPEECH PATHOLOGY	68.00	45.22
45.23	SISHA OVERHEAD	A	-407	AUDIOLOGY	68.01	45.23
45.24	SISHA OVERHEAD	A	-938	OCCUPATIONAL THERAPY	67.00	45.24
45.25	SISHA OVERHEAD	A	-1,495	ADMINISTRATIVE & GENERAL	5.00	45.25
45.26	SISHA DIRECTOR SALARIES	A	-15,981	ADMINISTRATIVE & GENERAL	5.00	45.26
45.27	ALCOHOL EXPENSE	A	-1,000	DIETARY	10.00	45.27
45.28	ALCOHOL EXPENSE	A	-250	MEDICAL RECORDS & LIBRARY	16.00	45.28
46.00	OTHER REVENUE HEALTH MANAGEMENT	B	-27,211	CARDIOPULMONARY	69.01	46.00
47.00	PROVIDER TAX OFFSET	B	-3,749,367	ADMINISTRATIVE & GENERAL	5.00	47.00
48.00	LOSS ON EXTINGUISHMENT	B	-446,411	NEW CAP REL COSTS-BLDG & FIXT	1.00	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,622,079			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140289

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

Worksheet A-8

Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	11	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	MANAGMENT FEES	0	33.00
35.00	EMT CLASS REVENUE	0	35.00
36.00	CR CARD SHARING	0	36.00
37.00	UNFUNDED MALPRACTICE SELF INSURANCE	0	37.00
38.00	CANCER CENTER STUDIES OFFSET	0	38.00
39.00	OTHER MISCELLANEOUS INCOME	0	39.00
40.00	FINANCIAL SERVICE DONATIONS	0	40.00
41.00	DISCOUNTS	0	41.00
42.00	HFS PROMPT PAY	0	42.00
43.00	CHILD BIRTH CLASSES	0	43.00
44.00	OB LACTATION REVENUE	0	44.00
45.00	OTHER REVENUE EDUCATION REIMB	0	45.00
45.02	PATIENT TELEVISIONS	0	45.02
45.03	PATIENT TELEPHONES	0	45.03
45.04	SISHA EMPLOYEE BENEFITS	0	45.04
45.05	SISHA EMPLOYEE BENEFITS	0	45.05
45.06	SISHA EMPLOYEE BENEFITS	0	45.06
45.07	SISHA EMPLOYEE BENEFITS	0	45.07
45.08	SISHA EMPLOYEE BENEFITS	0	45.08
45.09	PHYSICIAN RECRUITMENT	0	45.09
45.10	LIFFELINE EXPENSE	0	45.10
45.11	LOBBYING EXPENSE	0	45.11
45.12	PROMOTIONAL ITEMS	0	45.12
45.13	ALCOHOL EXPENSE	0	45.13
45.14	PUBLICITY SALARIES	0	45.14
45.15	PUBLICITY EXPENSES	0	45.15
45.16	PUBLICITY EMPLOYEE BENEFITS	0	45.16
45.17	SISHA PT SALARIES	0	45.17

ADJUSTMENTS TO EXPENSES

Provider CCN: 140289

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

Worksheet A-8

Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.18	SISHA OT SALARIES	0	45.18
45.19	SISHA ST SALARIES	0	45.19
45.20	SISHA AUDIOLOGY SALARIES	0	45.20
45.21	SISHA OVERHEAD	0	45.21
45.22	SISHA OVERHEAD	0	45.22
45.23	SISHA OVERHEAD	0	45.23
45.24	SISHA OVERHEAD	0	45.24
45.25	SISHA OVERHEAD	0	45.25
45.26	SISHA DIRECTOR SALARIES	0	45.26
45.27	ALCOHOL EXPENSE	0	45.27
45.28	ALCOHOL EXPENSE	0	45.28
46.00	OTHER REVENUE HEALTH MANAGEMENT	0	46.00
47.00	PROVIDER TAX OFFSET	0	47.00
48.00	LOSS ON EXTINGUISHMENT	14	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140289

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2012 4:48 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	50.00	DR. A	12,500	0	1.00
2.00	69.00	DR. B	154,480	154,480	2.00
3.00	59.00	DR. C	45,833	0	3.00
4.00	60.00	DR. D	150,000	138,630	4.00
5.00	5.00	DR. E	1,144,300	1,144,300	5.00
6.00	53.00	DR. F	160,417	0	6.00
7.00	54.00	DR. G	200,000	0	7.00
8.00	69.01	DR. H	2,083	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00			1,869,613	1,437,410	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140289

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2012 4:48 pm

	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	12,500	208,000	366	36,600	1,830	1.00
2.00	0	0	0	0	0	2.00
3.00	45,833	208,000	92	9,200	460	3.00
4.00	11,370	215,700	43	4,459	223	4.00
5.00	0	0	0	0	0	5.00
6.00	160,417	200,300	894	86,091	4,305	6.00
7.00	200,000	225,300	1,058	114,600	5,730	7.00
8.00	2,083	177,200	77	6,560	328	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	432,203		2,530	257,510	12,876	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140289

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2012 4:48 pm

	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	36,600	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	9,200	3.00
4.00	0	0	0	0	4,459	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	86,091	6.00
7.00	0	0	0	0	114,600	7.00
8.00	0	0	0	0	6,560	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	257,510	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140289

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2012 4:48 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	0	1.00
2.00	0	154,480	2.00
3.00	36,633	36,633	3.00
4.00	6,911	145,541	4.00
5.00	0	1,144,300	5.00
6.00	74,326	74,326	6.00
7.00	85,400	85,400	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	203,270	1,640,680	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140289

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	3,415,575	3,415,575				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	3,928,848		3,928,848			2.00
4.00 EMPLOYEE BENEFITS	11,806,460	6,366	89,982	11,902,808		4.00
5.00 ADMINISTRATIVE & GENERAL	15,404,280	242,038	1,394,859	1,528,913	18,570,090	5.00
6.00 MAINTENANCE & REPAIRS	1,634,052	26,386	52,976	262,638	1,976,052	6.00
7.00 OPERATION OF PLANT	1,898,977	261,850	131,696	0	2,292,523	7.00
8.00 LAUNDRY & LINEN SERVICE	463,409	3,870	998	12,924	481,201	8.00
9.00 HOUSEKEEPING	1,194,979	32,562	13,318	272,539	1,513,398	9.00
10.00 DIETARY	559,316	95,705	1,831	71,992	728,844	10.00
11.00 CAFETERIA	1,053,824	0	3,344	135,390	1,192,558	11.00
13.00 NURSING ADMINISTRATION	926,726	10,272	378	200,921	1,138,297	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,049,088	95,298	47,044	196,391	1,387,821	14.00
15.00 PHARMACY	4,840,051	22,344	154,840	325,243	5,342,478	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,588,294	79,844	41,538	310,103	2,019,779	16.00
17.00 SOCIAL SERVICE	312,404	6,284	456	81,705	400,849	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 PARAMEDICAL PRGM	11,554	0	0	14,583	26,137	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,730,339	250,022	79,944	1,765,507	8,825,812	30.00
31.00 INTENSIVE CARE UNIT	1,993,296	80,161	31,562	460,464	2,565,483	31.00
41.00 SUBPROVIDER - IRF	1,486,407	62,908	4,832	231,030	1,785,177	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	907,208	9,241	15,986	228,711	1,161,146	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	6,906,476	283,307	694,615	1,306,666	9,191,064	50.00
52.00 DELIVERY ROOM & LABOR ROOM	2,703,571	286,092	47,959	686,132	3,723,754	52.00
53.00 ANESTHESIOLOGY	133,542	0	21,882	0	155,424	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,245,682	75,983	460,206	560,209	4,342,080	54.00
56.00 RADIOISOTOPE	267,981	10,797	132,602	43,051	454,431	56.00
57.00 CT SCAN	1,132,081	86,961	1,409	90,449	1,310,900	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	635,163	27,480	10,001	53,512	726,156	58.00
59.00 CARDIAC CATHETERIZATION	680,877	0	65,098	170,028	916,003	59.00
60.00 LABORATORY	4,264,480	51,976	89,710	342,889	4,749,055	60.00
65.00 RESPIRATORY THERAPY	1,242,684	56,307	67,058	280,059	1,646,108	65.00
66.00 PHYSICAL THERAPY	1,460,642	63,912	15,790	378,456	1,918,800	66.00
67.00 OCCUPATIONAL THERAPY	892,003	30,889	3,700	232,404	1,158,996	67.00
68.00 SPEECH PATHOLOGY	605,881	11,719	212	155,866	773,678	68.00
68.01 AUDIOLOGY	127,292	4,304	2,289	31,617	165,502	68.01
69.00 ELECTROCARDIOLOGY	425,841	0	73,335	84,236	583,412	69.00
69.01 CARDIOPULMONARY	425,577	2,414	3,637	116,203	547,831	69.01
70.00 ELECTROENCEPHALOGRAPHY	52,003	0	8,432	12,925	73,360	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,375,881	0	0	0	10,375,881	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	128,436	0	0	0	128,436	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	4,350,459	254,806	163,462	1,083,658	5,852,385	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	722,339	16,710	1,867	175,394	916,310	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	101,983,978	2,548,808	3,928,848	11,902,808	101,117,211	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,297	0	0	24,297	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	488,080	0	0	488,080	192.00
194.00 RENTED SPACE	0	354,390	0	0	354,390	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	101,983,978	3,415,575	3,928,848	11,902,808	101,983,978	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140289		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/25/2012 4:48 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	18,570,090					5.00
6.00	MAINTENANCE & REPAIRS	439,921	2,415,973				6.00
7.00	OPERATION OF PLANT	510,375	201,422	3,004,320			7.00
8.00	LAUNDRY & LINEN SERVICE	107,128	2,977	4,039	595,345		8.00
9.00	HOUSEKEEPING	336,922	25,047	33,980	0	1,909,347	9.00
10.00	DIETARY	162,260	73,619	99,873	0	2,111	10.00
11.00	CAFETERIA	265,494	0	0	0	3,898	11.00
13.00	NURSING ADMINISTRATION	253,415	7,902	10,720	0	12,992	13.00
14.00	CENTRAL SERVICES & SUPPLY	308,965	73,306	99,448	12,721	6,171	14.00
15.00	PHARMACY	1,189,375	17,187	23,317	0	13,317	15.00
16.00	MEDICAL RECORDS & LIBRARY	449,655	61,418	83,322	0	8,120	16.00
17.00	SOCIAL SERVICE	89,239	4,834	6,558	0	6,171	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	PARAMED PRGM	5,819	0	0	3,030	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,964,855	192,324	260,911	165,513	548,266	30.00
31.00	INTENSIVE CARE UNIT	571,143	61,662	83,652	29,698	199,266	31.00
41.00	SUBPROVIDER - IRF	397,427	48,390	65,648	26,694	129,596	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	258,501	7,109	9,644	10,071	40,925	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,046,170	217,927	295,646	97,028	28,258	50.00
52.00	DELIVERY ROOM & LABOR ROOM	829,004	220,070	298,552	70,584	122,775	52.00
53.00	ANESTHESIOLOGY	34,601	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	966,660	58,448	79,292	16,262	53,917	54.00
56.00	RADIOISOTOPE	101,168	8,305	11,267	2,310	7,633	56.00
57.00	CT SCAN	291,840	66,892	90,748	18,611	61,550	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	161,661	21,138	28,677	5,881	19,488	58.00
59.00	CARDIAC CATHETERIZATION	203,926	0	0	8,565	0	59.00
60.00	LABORATORY	1,057,263	39,981	54,239	18,588	28,095	60.00
65.00	RESPIRATORY THERAPY	366,466	43,313	58,759	0	59,276	65.00
66.00	PHYSICAL THERAPY	427,175	49,162	66,695	6,334	46,771	66.00
67.00	OCCUPATIONAL THERAPY	258,023	23,760	32,234	4,244	18,676	67.00
68.00	SPEECH PATHOLOGY	172,241	9,015	12,229	2,259	9,906	68.00
68.01	AUDIOLOGY	36,845	3,311	4,492	566	2,436	68.01
69.00	ELECTROCARDIOLOGY	129,883	0	0	0	39,951	69.00
69.01	CARDIOPULMONARY	121,961	1,857	2,519	1,736	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	16,332	0	0	1,125	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,309,933	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	28,593	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	1,302,893	196,003	265,903	93,525	291,997	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	203,994	12,854	17,438	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW - SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	18,377,126	1,749,233	2,099,802	595,345	1,761,562	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,409	18,690	25,355	0	7,146	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	108,659	375,444	509,339	0	140,639	192.00
194.00	RENTED SPACE	78,896	272,606	369,824	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)	18,570,090	2,415,973	3,004,320	595,345	1,909,347	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140289

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	1,066,707					10.00
11.00 CAFETERIA	0	1,461,950				11.00
13.00 NURSING ADMINISTRATION	0	46,482	1,469,808			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	95,385	0	1,983,817		14.00
15.00 PHARMACY	0	43,044	0	0	6,628,718	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	124,134	0	21	0	16.00
17.00 SOCIAL SERVICE	0	13,124	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	816,959	267,486	502,999	71,245	28,187	30.00
31.00 INTENSIVE CARE UNIT	90,550	33,592	104,381	35,807	7,004	31.00
41.00 SUBPROVIDER - IRF	159,198	18,671	0	5,901	4,690	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	59,035	17,540	3,069	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	154,601	338,041	398,847	6,962	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	56,091	177,106	52,621	2,778	52.00
53.00 ANESTHESIOLOGY	0	7,343	0	17,505	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	60,622	0	4,322	0	54.00
56.00 RADIOISOTOPE	0	8,593	0	874	0	56.00
57.00 CT SCAN	0	69,371	0	1,137	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	21,952	0	434	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	34,394	2,827	427	59.00
60.00 LABORATORY	0	99,838	0	7,047	0	60.00
65.00 RESPIRATORY THERAPY	0	44,841	0	6,833	0	65.00
66.00 PHYSICAL THERAPY	0	41,951	0	1,741	0	66.00
67.00 OCCUPATIONAL THERAPY	0	28,123	0	1,338	0	67.00
68.00 SPEECH PATHOLOGY	0	3,750	0	714	0	68.00
68.01 AUDIOLOGY	0	14,999	0	182	0	68.01
69.00 ELECTROCARDIOLOGY	0	21,093	0	2,665	0	69.00
69.01 CARDIOPULMONARY	0	33,826	0	2,360	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	1,261	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,286,353	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	3,993	6,570,718	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	0	112,962	253,852	59,424	4,883	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	825	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW - SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,066,707	1,421,874	1,469,808	1,983,817	6,628,718	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40,076	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 RENTED SPACE	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)	1,066,707	1,461,950	1,469,808	1,983,817	6,628,718	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140289

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	Subtotal	
	16.00	17.00	19.00	23.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	2,746,449					16.00
17.00 SOCIAL SERVICE	0	520,775				17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
23.00 PARAMED PRGM	0	0	0	34,986		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	128,779	294,848	0	0	14,068,184	30.00
31.00 INTENSIVE CARE UNIT	22,480	94,024	0	0	3,898,742	31.00
41.00 SUBPROVIDER - IRF	35,114	93,211	0	0	2,769,717	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	31,106	2,241	0	0	1,600,387	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	486,408	0	0	0	13,260,952	50.00
52.00 DELIVERY ROOM & LABOR ROOM	115,927	6,731	0	0	5,675,993	52.00
53.00 ANESTHESIOLOGY	73,059	0	0	0	287,932	53.00
54.00 RADIOLOGY-DIAGNOSTIC	227,760	0	0	0	5,809,363	54.00
56.00 RADIOISOTOPE	32,369	0	0	0	626,950	56.00
57.00 CT SCAN	260,652	0	0	0	2,171,701	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	82,382	0	0	0	1,067,769	58.00
59.00 CARDIAC CATHETERIZATION	102,030	0	0	0	1,268,172	59.00
60.00 LABORATORY	394,092	0	0	0	6,448,198	60.00
65.00 RESPIRATORY THERAPY	106,517	0	0	0	2,332,113	65.00
66.00 PHYSICAL THERAPY	66,394	0	0	0	2,625,023	66.00
67.00 OCCUPATIONAL THERAPY	46,571	0	0	0	1,571,965	67.00
68.00 SPEECH PATHOLOGY	14,725	0	0	0	998,517	68.00
68.01 AUDIOLOGY	5,228	0	0	0	233,561	68.01
69.00 ELECTROCARDIOLOGY	68,572	0	0	0	845,576	69.00
69.01 CARDIOPULMONARY	13,549	0	0	0	725,639	69.01
70.00 ELECTROENCEPHALOGRAPHY	8,147	0	0	0	100,225	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	26,313	0	0	0	13,998,480	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	126,078	0	0	0	6,700,789	73.00
74.00 RENAL DIALYSIS	0	0	0	0	157,029	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	272,197	29,720	0	34,986	8,770,730	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	1,151,421	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW - SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,746,449	520,775	0	34,986	99,165,128	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	120,973	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,622,161	192.00
194.00 RENTED SPACE	0	0	0	0	1,075,716	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)	2,746,449	520,775	0	34,986	101,983,978	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140289

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

Worksheet B
Part I
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
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
19.00	NONPHYSICIAN ANESTHETISTS			19.00
23.00	PARAMED PRGM			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	14,068,184	30.00
31.00	INTENSIVE CARE UNIT	0	3,898,742	31.00
41.00	SUBPROVIDER - IRF	0	2,769,717	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	1,600,387	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	13,260,952	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	5,675,993	52.00
53.00	ANESTHESIOLOGY	0	287,932	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	5,809,363	54.00
56.00	RADIOISOTOPE	0	626,950	56.00
57.00	CT SCAN	0	2,171,701	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,067,769	58.00
59.00	CARDIAC CATHETERIZATION	0	1,268,172	59.00
60.00	LABORATORY	0	6,448,198	60.00
65.00	RESPIRATORY THERAPY	0	2,332,113	65.00
66.00	PHYSICAL THERAPY	0	2,625,023	66.00
67.00	OCCUPATIONAL THERAPY	0	1,571,965	67.00
68.00	SPEECH PATHOLOGY	0	998,517	68.00
68.01	AUDIOLOGY	0	233,561	68.01
69.00	ELECTROCARDIOLOGY	0	845,576	69.00
69.01	CARDIOPULMONARY	0	725,639	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	100,225	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,998,480	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	6,700,789	73.00
74.00	RENAL DIALYSIS	0	157,029	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	EMERGENCY	0	8,770,730	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	0	1,151,421	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW - SNF			114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	99,165,128	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	120,973	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,622,161	192.00
194.00	RENTED SPACE	0	1,075,716	194.00
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	101,983,978	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140289

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description	CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS	
	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	6,366	89,982	96,348	96,348	4.00
5.00	ADMINISTRATIVE & GENERAL	178,221	242,038	1,394,859	1,815,118	12,378	5.00
6.00	MAINTENANCE & REPAIRS	0	26,386	52,976	79,362	2,126	6.00
7.00	OPERATION OF PLANT	0	261,850	131,696	393,546	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	3,870	998	4,868	105	8.00
9.00	HOUSEKEEPING	0	32,562	13,318	45,880	2,206	9.00
10.00	DIETARY	0	95,705	1,831	97,536	583	10.00
11.00	CAFETERIA	0	0	3,344	3,344	1,096	11.00
13.00	NURSING ADMINISTRATION	0	10,272	378	10,650	1,627	13.00
14.00	CENTRAL SERVICES & SUPPLY	114,503	95,298	47,044	256,845	1,590	14.00
15.00	PHARMACY	3,694	22,344	154,840	180,878	2,633	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	79,844	41,538	121,382	2,511	16.00
17.00	SOCIAL SERVICE	0	6,284	456	6,740	661	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	PARAMED ED PRGM	0	0	0	0	118	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	439	250,022	79,944	330,405	14,276	30.00
31.00	INTENSIVE CARE UNIT	0	80,161	31,562	111,723	3,728	31.00
41.00	SUBPROVIDER - IRF	0	62,908	4,832	67,740	1,870	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	439	9,241	15,986	25,666	1,852	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	152,025	283,307	694,615	1,129,947	10,579	50.00
52.00	DELIVERY ROOM & LABOR ROOM	1,318	286,092	47,959	335,369	5,555	52.00
53.00	ANESTHESIOLOGY	0	0	21,882	21,882	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	75,983	460,206	536,189	4,535	54.00
56.00	RADIOISOTOPE	0	10,797	132,602	143,399	349	56.00
57.00	CT SCAN	421,874	86,961	1,409	510,244	732	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	306,646	27,480	10,001	344,127	433	58.00
59.00	CARDIAC CATHETERIZATION	0	0	65,098	65,098	1,377	59.00
60.00	LABORATORY	39,056	51,976	89,710	180,742	2,776	60.00
65.00	RESPIRATORY THERAPY	22,054	56,307	67,058	145,419	2,267	65.00
66.00	PHYSICAL THERAPY	0	63,912	15,790	79,702	3,064	66.00
67.00	OCCUPATIONAL THERAPY	0	30,889	3,700	34,589	1,882	67.00
68.00	SPEECH PATHOLOGY	0	11,719	212	11,931	1,262	68.00
68.01	AUDIOLOGY	0	4,304	2,289	6,593	256	68.01
69.00	ELECTROCARDIOLOGY	9,084	0	73,335	82,419	682	69.00
69.01	CARDIOPULMONARY	0	2,414	3,637	6,051	941	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	8,432	8,432	105	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
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
91.00	EMERGENCY	0	254,806	163,462	418,268	8,773	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	16,710	1,867	18,577	1,420	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,249,353	2,548,808	3,928,848	7,727,009	96,348	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,297	0	24,297	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	488,080	0	488,080	0	192.00
194.00	RENTED SPACE	0	354,390	0	354,390	0	194.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,249,353	3,415,575	3,928,848	8,593,776	96,348	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140289

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	1,827,496					5.00
6.00	MAINTENANCE & REPAIRS	43,293	124,781				6.00
7.00	OPERATION OF PLANT	50,227	10,403	454,176			7.00
8.00	LAUNDRY & LINEN SERVICE	10,543	154	611	16,281		8.00
9.00	HOUSEKEEPING	33,157	1,294	5,137	0	87,674	9.00
10.00	DIETARY	15,968	3,802	15,098	0	97	10.00
11.00	CAFETERIA	26,128	0	0	0	179	11.00
13.00	NURSING ADMINISTRATION	24,939	408	1,621	0	597	13.00
14.00	CENTRAL SERVICES & SUPPLY	30,406	3,786	15,034	348	283	14.00
15.00	PHARMACY	117,048	888	3,525	0	611	15.00
16.00	MEDICAL RECORDS & LIBRARY	44,251	3,172	12,596	0	373	16.00
17.00	SOCIAL SERVICE	8,782	250	991	0	283	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	PARAMED PRGM	573	0	0	83	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	193,365	9,933	39,443	4,528	25,175	30.00
31.00	INTENSIVE CARE UNIT	56,207	3,185	12,646	812	9,150	31.00
41.00	SUBPROVIDER - IRF	39,111	2,499	9,924	730	5,951	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	25,440	367	1,458	275	1,879	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	201,367	11,256	44,694	2,653	1,298	50.00
52.00	DELIVERY ROOM & LABOR ROOM	81,584	11,366	45,133	1,930	5,638	52.00
53.00	ANESTHESIOLOGY	3,405	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	95,131	3,019	11,987	445	2,476	54.00
56.00	RADIOISOTOPE	9,956	429	1,703	63	350	56.00
57.00	CT SCAN	28,721	3,455	13,719	509	2,826	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	15,909	1,092	4,335	161	895	58.00
59.00	CARDIAC CATHETERIZATION	20,069	0	0	234	0	59.00
60.00	LABORATORY	104,047	2,065	8,200	508	1,290	60.00
65.00	RESPIRATORY THERAPY	36,065	2,237	8,883	0	2,722	65.00
66.00	PHYSICAL THERAPY	42,039	2,539	10,083	173	2,148	66.00
67.00	OCCUPATIONAL THERAPY	25,392	1,227	4,873	116	858	67.00
68.00	SPEECH PATHOLOGY	16,951	466	1,849	62	455	68.00
68.01	AUDIOLOGY	3,626	171	679	15	112	68.01
69.00	ELECTROCARDIOLOGY	12,782	0	0	0	1,834	69.00
69.01	CARDIOPULMONARY	12,002	96	381	47	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	1,607	0	0	31	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	227,307	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	2,814	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	128,220	10,123	40,198	2,558	13,408	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	20,075	664	2,636	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW - SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,808,507	90,346	317,437	16,281	80,888	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	532	965	3,833	0	328	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	10,693	19,390	76,998	0	6,458	192.00
194.00	RENTED SPACE	7,764	14,080	55,908	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)	1,827,496	124,781	454,176	16,281	87,674	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140289

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	133,084					10.00
11.00 CAFETERIA	0	30,747				11.00
13.00 NURSING ADMINISTRATION	0	978	40,820			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	2,006	0	310,298		14.00
15.00 PHARMACY	0	905	0	0	306,488	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	2,611	0	3	0	16.00
17.00 SOCIAL SERVICE	0	276	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	101,925	5,626	13,969	11,144	1,303	30.00
31.00 INTENSIVE CARE UNIT	11,297	706	2,899	5,601	324	31.00
41.00 SUBPROVIDER - IRF	19,862	393	0	923	217	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	1,640	2,744	142	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	3,251	9,388	62,385	322	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,180	4,919	8,231	128	52.00
53.00 ANESTHESIOLOGY	0	154	0	2,738	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,275	0	676	0	54.00
56.00 RADIOISOTOPE	0	181	0	137	0	56.00
57.00 CT SCAN	0	1,459	0	178	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	462	0	68	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	955	442	20	59.00
60.00 LABORATORY	0	2,100	0	1,102	0	60.00
65.00 RESPIRATORY THERAPY	0	943	0	1,069	0	65.00
66.00 PHYSICAL THERAPY	0	882	0	272	0	66.00
67.00 OCCUPATIONAL THERAPY	0	591	0	209	0	67.00
68.00 SPEECH PATHOLOGY	0	79	0	112	0	68.00
68.01 AUDIOLOGY	0	315	0	28	0	68.01
69.00 ELECTROCARDIOLOGY	0	444	0	417	0	69.00
69.01 CARDIOPULMONARY	0	711	0	369	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	197	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	201,204	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	625	303,806	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	0	2,376	7,050	9,295	226	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	129	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW - SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	133,084	29,904	40,820	310,298	306,488	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	843	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 RENTED SPACE	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)	133,084	30,747	40,820	310,298	306,488	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140289

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	
		16.00	17.00	19.00	23.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY	186,899					16.00
17.00	SOCIAL SERVICE	0	17,983				17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
23.00	PARAMED ED PRGM	0	0		774		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,764	10,182			770,038	30.00
31.00	INTENSIVE CARE UNIT	1,530	3,247			223,055	31.00
41.00	SUBPROVIDER - IRF	2,390	3,219			154,829	41.00
42.00	SUBPROVIDER	0	0			0	42.00
43.00	NURSERY	2,117	77			63,657	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	33,100	0			1,510,240	50.00
52.00	DELIVERY ROOM & LABOR ROOM	7,889	232			509,154	52.00
53.00	ANESTHESIOLOGY	4,972	0			33,151	53.00
54.00	RADIOLOGY-DIAGNOSTIC	15,499	0			671,232	54.00
56.00	RADIOISOTOPE	2,203	0			158,770	56.00
57.00	CT SCAN	17,738	0			579,581	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,606	0			373,088	58.00
59.00	CARDIAC CATHETERIZATION	6,943	0			95,138	59.00
60.00	LABORATORY	26,818	0			329,648	60.00
65.00	RESPIRATORY THERAPY	7,249	0			206,854	65.00
66.00	PHYSICAL THERAPY	4,518	0			145,420	66.00
67.00	OCCUPATIONAL THERAPY	3,169	0			72,906	67.00
68.00	SPEECH PATHOLOGY	1,002	0			34,169	68.00
68.01	AUDIOLOGY	356	0			12,151	68.01
69.00	ELECTROCARDIOLOGY	4,666	0			103,244	69.00
69.01	CARDIOPULMONARY	922	0			21,520	69.01
70.00	ELECTROENCEPHALOGRAPHY	554	0			10,926	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,791	0			430,302	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0			0	72.00
73.00	DRUGS CHARGED TO PATIENTS	8,580	0			313,011	73.00
74.00	RENAL DIALYSIS	0	0			2,814	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0			0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			0	89.00
91.00	EMERGENCY	18,523	1,026			660,044	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0			0	99.10
101.00	HOME HEALTH AGENCY	0	0			43,501	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW - SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	186,899	17,983	0	0	7,528,443	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			30,798	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0			601,619	192.00
194.00	RENTED SPACE	0	0			432,142	194.00
200.00	Cross Foot Adjustments			0	774	774	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	186,899	17,983	0	774	8,593,776	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140289

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
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
19.00	NONPHYSICIAN ANESTHETISTS			19.00
23.00	PARAMED PRGM			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	770,038	30.00
31.00	INTENSIVE CARE UNIT	0	223,055	31.00
41.00	SUBPROVIDER - IRF	0	154,829	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	63,657	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	1,510,240	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	509,154	52.00
53.00	ANESTHESIOLOGY	0	33,151	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	671,232	54.00
56.00	RADIOISOTOPE	0	158,770	56.00
57.00	CT SCAN	0	579,581	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	373,088	58.00
59.00	CARDIAC CATHETERIZATION	0	95,138	59.00
60.00	LABORATORY	0	329,648	60.00
65.00	RESPIRATORY THERAPY	0	206,854	65.00
66.00	PHYSICAL THERAPY	0	145,420	66.00
67.00	OCCUPATIONAL THERAPY	0	72,906	67.00
68.00	SPEECH PATHOLOGY	0	34,169	68.00
68.01	AUDIOLOGY	0	12,151	68.01
69.00	ELECTROCARDIOLOGY	0	103,244	69.00
69.01	CARDIOPULMONARY	0	21,520	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	10,926	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	430,302	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	313,011	73.00
74.00	RENAL DIALYSIS	0	2,814	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	EMERGENCY	0	660,044	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	0	43,501	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW - SNF			114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	7,528,443	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	30,798	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	601,619	192.00
194.00	RENTED SPACE	0	432,142	194.00
200.00	Cross Foot Adjustments	0	774	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	8,593,776	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140289

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

Worksheet B-1
Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	377,729					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		3,702,285				2.00
4.00	EMPLOYEE BENEFITS	704	84,793	44,407,696			4.00
5.00	ADMINISTRATIVE & GENERAL	26,767	1,314,423	5,704,155	-18,570,090	83,413,888	5.00
6.00	MAINTENANCE & REPAIRS	2,918	49,921	979,865	0	1,976,052	6.00
7.00	OPERATION OF PLANT	28,958	124,102	0	0	2,292,523	7.00
8.00	LAUNDRY & LINEN SERVICE	428	940	48,216	0	481,201	8.00
9.00	HOUSEKEEPING	3,601	12,550	1,016,805	0	1,513,398	9.00
10.00	DIETARY	10,584	1,725	268,593	0	728,844	10.00
11.00	CAFETERIA	0	3,151	505,122	0	1,192,558	11.00
13.00	NURSING ADMINISTRATION	1,136	356	749,609	0	1,138,297	13.00
14.00	CENTRAL SERVICES & SUPPLY	10,539	44,331	732,708	0	1,387,821	14.00
15.00	PHARMACY	2,471	145,911	1,213,436	0	5,342,478	15.00
16.00	MEDICAL RECORDS & LIBRARY	8,830	39,143	1,156,948	0	2,019,779	16.00
17.00	SOCIAL SERVICE	695	430	304,829	0	400,849	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	PARAMED ED PRGM	0	0	54,408	0	26,137	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	27,650	75,334	6,586,894	0	8,825,812	30.00
31.00	INTENSIVE CARE UNIT	8,865	29,742	1,717,926	0	2,565,483	31.00
41.00	SUBPROVIDER - IRF	6,957	4,553	861,939	0	1,785,177	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,022	15,064	853,286	0	1,161,146	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	31,331	654,559	4,874,981	0	9,191,064	50.00
52.00	DELIVERY ROOM & LABOR ROOM	31,639	45,193	2,559,859	0	3,723,754	52.00
53.00	ANESTHESIOLOGY	0	20,620	0	0	155,424	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,403	433,668	2,090,058	0	4,342,080	54.00
56.00	RADIOISOTOPE	1,194	124,955	160,616	0	454,431	56.00
57.00	CT SCAN	9,617	1,328	337,452	0	1,310,900	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,039	9,424	199,645	0	726,156	58.00
59.00	CARDIAC CATHETERIZATION	0	61,344	634,350	0	916,003	59.00
60.00	LABORATORY	5,748	84,537	1,279,269	0	4,749,055	60.00
65.00	RESPIRATORY THERAPY	6,227	63,191	1,044,859	0	1,646,108	65.00
66.00	PHYSICAL THERAPY	7,068	14,879	1,411,963	0	1,918,800	66.00
67.00	OCCUPATIONAL THERAPY	3,416	3,487	867,065	0	1,158,996	67.00
68.00	SPEECH PATHOLOGY	1,296	200	581,514	0	773,678	68.00
68.01	AUDIOLOGY	476	2,157	117,957	0	165,502	68.01
69.00	ELECTROCARDIOLOGY	0	69,106	314,273	0	583,412	69.00
69.01	CARDIOPULMONARY	267	3,427	433,537	0	547,831	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	7,946	48,220	0	73,360	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	10,375,881	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	128,436	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	28,179	154,036	4,042,971	0	5,852,385	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	1,848	1,759	654,368	0	916,310	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW - SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	281,873	3,702,285	44,407,696	-18,570,090	82,547,121	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,687	0	0	0	24,297	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	53,977	0	0	0	488,080	192.00
194.00	RENTED SPACE	39,192	0	0	0	354,390	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)	3,415,575	3,928,848	11,902,808		18,570,090	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.042395	1.061195	0.268035		0.222626	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			96,348		1,827,496	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.002170		0.021909	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140289

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

Worksheet B-1

Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS	347,340					6.00
7.00 OPERATION OF PLANT	28,958	318,382				7.00
8.00 LAUNDRY & LINEN SERVICE	428	428	995,466			8.00
9.00 HOUSEKEEPING	3,601	3,601	0	11,757		9.00
10.00 DIETARY	10,584	10,584	0	13	91,415	10.00
11.00 CAFETERIA	0	0	0	24	0	11.00
13.00 NURSING ADMINISTRATION	1,136	1,136	0	80	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	10,539	10,539	21,270	38	0	14.00
15.00 PHARMACY	2,471	2,471	0	82	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	8,830	8,830	0	50	0	16.00
17.00 SOCIAL SERVICE	695	695	0	38	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 PARAMED ED PRGM	0	0	5,066	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	27,650	27,650	276,751	3,376	70,012	30.00
31.00 INTENSIVE CARE UNIT	8,865	8,865	49,657	1,227	7,760	31.00
41.00 SUBPROVIDER - IRF	6,957	6,957	44,634	798	13,643	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,022	1,022	16,840	252	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	31,331	31,331	162,239	174	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	31,639	31,639	118,023	756	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	8,403	8,403	27,192	332	0	54.00
56.00 RADIOISOPE	1,194	1,194	3,862	47	0	56.00
57.00 CT SCAN	9,617	9,617	31,119	379	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	3,039	3,039	9,834	120	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	14,321	0	0	59.00
60.00 LABORATORY	5,748	5,748	31,080	173	0	60.00
65.00 RESPIRATORY THERAPY	6,227	6,227	0	365	0	65.00
66.00 PHYSICAL THERAPY	7,068	7,068	10,591	288	0	66.00
67.00 OCCUPATIONAL THERAPY	3,416	3,416	7,097	115	0	67.00
68.00 SPEECH PATHOLOGY	1,296	1,296	3,778	61	0	68.00
68.01 AUDIOLOGY	476	476	946	15	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	246	0	69.00
69.01 CARDIOPULMONARY	267	267	2,903	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	1,881	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
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
91.00 EMERGENCY	28,179	28,179	156,382	1,798	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	1,848	1,848	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW - SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	251,484	222,526	995,466	10,847	91,415	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,687	2,687	0	44	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	53,977	53,977	0	866	0	192.00
194.00 RENTED SPACE	39,192	39,192	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)	2,415,973	3,004,320	595,345	1,909,347	1,066,707	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6.955643	9.436212	0.598057	162.400868	11.668840	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	124,781	454,176	16,281	87,674	133,084	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.359247	1.426513	0.016355	7.457174	1.455822	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140289

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

Worksheet B-1

Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	18,714					11.00
13.00 NURSING ADMINISTRATION	595	17,179				13.00
14.00 CENTRAL SERVICES & SUPPLY	1,221	0	3,169,312			14.00
15.00 PHARMACY	551	0	0	1,272,011		15.00
16.00 MEDICAL RECORDS & LIBRARY	1,589	0	34	0	63,042	16.00
17.00 SOCIAL SERVICE	168	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,424	5,879	113,819	5,409	2,956	30.00
31.00 INTENSIVE CARE UNIT	430	1,220	57,204	1,344	516	31.00
41.00 SUBPROVIDER - IRF	239	0	9,428	900	806	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	690	28,022	589	714	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,979	3,951	637,190	1,336	11,165	50.00
52.00 DELIVERY ROOM & LABOR ROOM	718	2,070	84,067	533	2,661	52.00
53.00 ANESTHESIOLOGY	94	0	27,966	0	1,677	53.00
54.00 RADIOLOGY-DIAGNOSTIC	776	0	6,905	0	5,228	54.00
56.00 RADIOISOTOPE	110	0	1,397	0	743	56.00
57.00 CT SCAN	888	0	1,817	0	5,983	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	281	0	693	0	1,891	58.00
59.00 CARDIAC CATHETERIZATION	0	402	4,516	82	2,342	59.00
60.00 LABORATORY	1,278	0	11,258	0	9,046	60.00
65.00 RESPIRATORY THERAPY	574	0	10,916	0	2,445	65.00
66.00 PHYSICAL THERAPY	537	0	2,781	0	1,524	66.00
67.00 OCCUPATIONAL THERAPY	360	0	2,138	0	1,069	67.00
68.00 SPEECH PATHOLOGY	48	0	1,140	0	338	68.00
68.01 AUDIOLOGY	192	0	291	0	120	68.01
69.00 ELECTROCARDIOLOGY	270	0	4,258	0	1,574	69.00
69.01 CARDIOPULMONARY	433	0	3,770	0	311	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	2,014	0	187	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,055,056	0	604	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	6,379	1,260,881	2,894	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	1,446	2,967	94,935	937	6,248	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	1,318	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW - SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	18,201	17,179	3,169,312	1,272,011	63,042	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	513	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 RENTED SPACE	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)	1,461,950	1,469,808	1,983,817	6,628,718	2,746,449	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	78.120658	85.558414	0.625946	5.211211	43.565385	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	30,747	40,820	310,298	306,488	186,899	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.642995	2.376157	0.097907	0.240948	2.964674	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140289

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

Worksheet B-1
Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	
	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	
	17.00	19.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.00 ADMINISTRATIVE & GENERAL				5.00
6.00 MAINTENANCE & REPAIRS				6.00
7.00 OPERATION OF PLANT				7.00
8.00 LAUNDRY & LINEN SERVICE				8.00
9.00 HOUSEKEEPING				9.00
10.00 DIETARY				10.00
11.00 CAFETERIA				11.00
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	154,515			17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0		19.00
23.00 PARAMED PRGM	0		100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	87,482		0	30.00
31.00 INTENSIVE CARE UNIT	27,897		0	31.00
41.00 SUBPROVIDER - IRF	27,656		0	41.00
42.00 SUBPROVIDER	0		0	42.00
43.00 NURSERY	665		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	1,997	0	0	52.00
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
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
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
68.01 AUDIOLOGY	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 CARDIOPULMONARY	0	0	0	69.01
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 PATIENTS	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
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
91.00 EMERGENCY	8,818	0	100	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS				
99.10 CORF	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00 INTEREST EXPENSE				113.00
114.00 UTILIZATION REVIEW - SNF				114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	154,515	0	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00 RENTED SPACE	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)	520,775	0	34,986	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	3.370385	0.000000	349.860000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	17,983	0	774	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.116384	0.000000	7.740000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140289

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2012 4:48 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,068,184		14,068,184	0	14,068,184	30.00
31.00	INTENSIVE CARE UNIT	3,898,742		3,898,742	0	3,898,742	31.00
41.00	SUBPROVIDER - IRF	2,769,717		2,769,717	0	2,769,717	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	1,600,387		1,600,387	0	1,600,387	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	13,260,952		13,260,952	0	13,260,952	50.00
52.00	DELIVERY ROOM & LABOR ROOM	5,675,993		5,675,993	0	5,675,993	52.00
53.00	ANESTHESIOLOGY	287,932		287,932	74,326	362,258	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,809,363		5,809,363	85,400	5,894,763	54.00
56.00	RADIO SOTOPE	626,950		626,950	0	626,950	56.00
57.00	CT SCAN	2,171,701		2,171,701	0	2,171,701	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,067,769		1,067,769	0	1,067,769	58.00
59.00	CARDIAC CATHETERIZATION	1,268,172		1,268,172	36,633	1,304,805	59.00
60.00	LABORATORY	6,448,198		6,448,198	6,911	6,455,109	60.00
65.00	RESPIRATORY THERAPY	2,332,113	0	2,332,113	0	2,332,113	65.00
66.00	PHYSICAL THERAPY	2,625,023	0	2,625,023	0	2,625,023	66.00
67.00	OCCUPATIONAL THERAPY	1,571,965	0	1,571,965	0	1,571,965	67.00
68.00	SPEECH PATHOLOGY	998,517	0	998,517	0	998,517	68.00
68.01	AUDIOLOGY	233,561	0	233,561	0	233,561	68.01
69.00	ELECTROCARDIOLOGY	845,576		845,576	0	845,576	69.00
69.01	CARDIOPULMONARY	725,639		725,639	0	725,639	69.01
70.00	ELECTROENCEPHALOGRAPHY	100,225		100,225	0	100,225	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,998,480		13,998,480	0	13,998,480	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	6,700,789		6,700,789	0	6,700,789	73.00
74.00	RENAL DIALYSIS	157,029		157,029	0	157,029	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00	EMERGENCY	8,770,730		8,770,730	0	8,770,730	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	843,035		843,035		843,035	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0		0		0	99.10
101.00	HOME HEALTH AGENCY	1,151,421		1,151,421		1,151,421	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW - SNF						114.00
200.00	Subtotal (see instructions)	100,008,163	0	100,008,163	203,270	100,211,433	200.00
201.00	Less Observation Beds	843,035		843,035		843,035	201.00
202.00	Total (see instructions)	99,165,128	0	99,165,128	203,270	99,368,398	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/25/2012 4:48 pm	
			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	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	15,277,985		15,277,985		30.00
31.00	INTENSIVE CARE UNIT	2,931,235		2,931,235		31.00
41.00	SUBPROVIDER - IRF	4,577,805		4,577,805		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	4,054,955		4,054,955		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	14,658,131	36,542,056	51,200,187	0.259002	50.00
52.00	DELIVERY ROOM & LABOR ROOM	12,818,112	1,859,438	14,677,550	0.386713	52.00
53.00	ANESTHESIOLOGY	2,889,234	6,634,728	9,523,962	0.030232	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,064,047	25,372,346	30,436,393	0.190869	54.00
56.00	RADIOISOTOPE	1,331,402	2,886,862	4,218,264	0.148627	56.00
57.00	CT SCAN	3,615,195	30,369,896	33,985,091	0.063902	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,131,628	8,608,007	10,739,635	0.099423	58.00
59.00	CARDIAC CATHETERIZATION	7,012,707	6,290,006	13,302,713	0.095332	59.00
60.00	LABORATORY	20,174,116	31,212,156	51,386,272	0.125485	60.00
65.00	RESPIRATORY THERAPY	8,078,014	4,614,489	12,692,503	0.183739	65.00
66.00	PHYSICAL THERAPY	4,315,016	4,341,886	8,656,902	0.303229	66.00
67.00	OCCUPATIONAL THERAPY	3,550,743	2,522,349	6,073,092	0.258841	67.00
68.00	SPEECH PATHOLOGY	461,534	1,457,239	1,918,773	0.520394	68.00
68.01	AUDIOLOGY	0	682,138	682,138	0.342396	68.01
69.00	ELECTROCARDIOLOGY	4,022,155	4,675,360	8,697,515	0.097220	69.00
69.01	CARDIOPULMONARY	461,191	1,303,809	1,765,000	0.411127	69.01
70.00	ELECTROENCEPHALOGRAPHY	91,332	972,117	1,063,449	0.094245	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,986,470	5,463,084	16,449,554	0.850995	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	12,902,167	3,537,614	16,439,781	0.407596	73.00
74.00	RENAL DIALYSIS	484,366	19,308	503,674	0.311767	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00	EMERGENCY	6,891,773	28,602,721	35,494,494	0.247101	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	198,046	1,161,723	1,359,769	0.619984	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	960,822	960,822		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW - SNF					114.00
200.00	Subtotal (see instructions)	148,979,359	210,090,154	359,069,513		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	148,979,359	210,090,154	359,069,513		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/25/2012 4:48 pm
		Title XVIII	Hospital	PPS

Cost Center Description	PPS Inpatient Ratio		
	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS			30.00
31.00 INTENSIVE CARE UNIT			31.00
41.00 SUBPROVIDER - IRF			41.00
42.00 SUBPROVIDER			42.00
43.00 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0.259002		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0.386713		52.00
53.00 ANESTHESIOLOGY	0.038036		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.193675		54.00
56.00 RADIOISOTOPE	0.148627		56.00
57.00 CT SCAN	0.063902		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.099423		58.00
59.00 CARDIAC CATHETERIZATION	0.098086		59.00
60.00 LABORATORY	0.125619		60.00
65.00 RESPIRATORY THERAPY	0.183739		65.00
66.00 PHYSICAL THERAPY	0.303229		66.00
67.00 OCCUPATIONAL THERAPY	0.258841		67.00
68.00 SPEECH PATHOLOGY	0.520394		68.00
68.01 AUDIOLOGY	0.342396		68.01
69.00 ELECTROCARDIOLOGY	0.097220		69.00
69.01 CARDIOPULMONARY	0.411127		69.01
70.00 ELECTROENCEPHALOGRAPHY	0.094245		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.850995		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.407596		73.00
74.00 RENAL DIALYSIS	0.311767		74.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC			88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00 EMERGENCY	0.247101		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.619984		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF			99.10
101.00 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS			
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: 140289		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/25/2012 4:48 pm	
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	770,038	0	770,038	23,079	33.37	30.00
31.00	INTENSIVE CARE UNIT	223,055	0	223,055	2,476	90.09	31.00
41.00	SUBPROVIDER - IRF	154,829	0	154,829	4,353	35.57	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	63,657		63,657	3,989	15.96	43.00
200.00	Total (lines 30-199)	1,211,579		1,211,579	33,897		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/25/2012 4:48 pm
		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	9,420	314,345		30.00
31.00 INTENSIVE CARE UNIT	842	75,856		31.00
41.00 SUBPROVIDER - IRF	3,390	120,582		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (lines 30-199)	13,652	510,783		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/25/2012 4:48 pm
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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	1,510,240	51,200,187	0.029497	6,297,256	185,750	50.00
52.00	DELIVERY ROOM & LABOR ROOM	509,154	14,677,550	0.034689	8,104	281	52.00
53.00	ANESTHESIOLOGY	33,151	9,523,962	0.003481	974,896	3,394	53.00
54.00	RADIOLOGY-DIAGNOSTIC	671,232	30,436,393	0.022054	3,081,101	67,951	54.00
56.00	RADIOISOTOPE	158,770	4,218,264	0.037639	733,411	27,605	56.00
57.00	CT SCAN	579,581	33,985,091	0.017054	3,274,806	55,849	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	373,088	10,739,635	0.034739	939,686	32,644	58.00
59.00	CARDIAC CATHETERIZATION	95,138	13,302,713	0.007152	1,785,098	12,767	59.00
60.00	LABORATORY	329,648	51,386,272	0.006415	10,697,009	68,621	60.00
65.00	RESPIRATORY THERAPY	206,854	12,692,503	0.016297	3,731,466	60,812	65.00
66.00	PHYSICAL THERAPY	145,420	8,656,902	0.016798	1,266,764	21,279	66.00
67.00	OCCUPATIONAL THERAPY	72,906	6,073,092	0.012005	664,434	7,977	67.00
68.00	SPEECH PATHOLOGY	34,169	1,918,773	0.017808	158,445	2,822	68.00
68.01	AUDIOLOGY	12,151	682,138	0.017813	0	0	68.01
69.00	ELECTROCARDIOLOGY	103,244	8,697,515	0.011871	2,438,598	28,949	69.00
69.01	CARDIOPULMONARY	21,520	1,765,000	0.012193	536	7	69.01
70.00	ELECTROENCEPHALOGRAPHY	10,926	1,063,449	0.010274	50,194	516	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	430,302	16,449,554	0.026159	6,042,268	158,060	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	313,011	16,439,781	0.019040	6,144,888	116,999	73.00
74.00	RENAL DIALYSIS	2,814	503,674	0.005587	287,735	1,608	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	EMERGENCY	660,044	35,494,494	0.018596	2,995,538	55,705	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	46,144	1,359,769	0.033935	154,082	5,229	92.00
200.00	Total (lines 50-199)	6,319,507	331,266,711		51,726,315	914,825	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140289		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/25/2012 4:48 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
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
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/25/2012 4:48 pm
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	23,079	0.00	9,420	0	0	30.00
31.00 INTENSIVE CARE UNIT	2,476	0.00	842	0	0	31.00
41.00 SUBPROVIDER - IRF	4,353	0.00	3,390	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	42.00
43.00 NURSERY	3,989	0.00	0	0	0	43.00
200.00 Total (lines 30-199)	33,897		13,652	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140289		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/25/2012 4:48 pm	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS	
		12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/25/2012 4:48 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
68.01 AUDIOLOGY	0	0	0	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
69.01 CARDIOPULMONARY	0	0	0	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
91.00 EMERGENCY	0	0	34,986	0	0	0	34,986	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	34,986	0	0	0	34,986	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	51,200,187	0.000000	0.000000	6,297,256	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	14,677,550	0.000000	0.000000	8,104	52.00
53.00	ANESTHESIOLOGY	0	9,523,962	0.000000	0.000000	974,896	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	30,436,393	0.000000	0.000000	3,081,101	54.00
56.00	RADIOISOTOPE	0	4,218,264	0.000000	0.000000	733,411	56.00
57.00	CT SCAN	0	33,985,091	0.000000	0.000000	3,274,806	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	10,739,635	0.000000	0.000000	939,686	58.00
59.00	CARDIAC CATHETERIZATION	0	13,302,713	0.000000	0.000000	1,785,098	59.00
60.00	LABORATORY	0	51,386,272	0.000000	0.000000	10,697,009	60.00
65.00	RESPIRATORY THERAPY	0	12,692,503	0.000000	0.000000	3,731,466	65.00
66.00	PHYSICAL THERAPY	0	8,656,902	0.000000	0.000000	1,266,764	66.00
67.00	OCCUPATIONAL THERAPY	0	6,073,092	0.000000	0.000000	664,434	67.00
68.00	SPEECH PATHOLOGY	0	1,918,773	0.000000	0.000000	158,445	68.00
68.01	AUDIOLOGY	0	682,138	0.000000	0.000000	0	68.01
69.00	ELECTROCARDIOLOGY	0	8,697,515	0.000000	0.000000	2,438,598	69.00
69.01	CARDIOPULMONARY	0	1,765,000	0.000000	0.000000	536	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	1,063,449	0.000000	0.000000	50,194	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,449,554	0.000000	0.000000	6,042,268	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	16,439,781	0.000000	0.000000	6,144,888	73.00
74.00	RENAL DIALYSIS	0	503,674	0.000000	0.000000	287,735	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	EMERGENCY	34,986	35,494,494	0.000986	0.000986	2,995,538	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,359,769	0.000000	0.000000	154,082	92.00
200.00	Total (lines 50-199)	34,986	331,266,711			51,726,315	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	8,227,153	0	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	1,514,193	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	4,262,378	0	0	0	54.00
56.00	RADIOISOTOPE	0	749,086	0	0	0	56.00
57.00	CT SCAN	0	6,624,515	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,073,713	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	1,185,841	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	344,182	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
68.01	AUDIOLOGY	0	82,704	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	0	2,383,353	0	0	0	69.00
69.01	CARDIOPULMONARY	0	406,288	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	879,114	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,307,793	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,430,221	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	2,954	3,833,548	3,780	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	275,199	0	0	0	92.00
200.00	Total (Lines 50-199)	2,954	36,579,281	3,780	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2012 4:48 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
68.01	AUDIOLOGY	0	0		68.01
69.00	ELECTROCARDIOLOGY	0	0		69.00
69.01	CARDIOPULMONARY	0	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/25/2012 4:48 pm
	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				
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0.259002		8,227,153	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.386713		0	0	0	52.00
53.00	ANESTHESIOLOGY	0.030232		1,514,193	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.190869		4,262,378	0	0	54.00
56.00	RADIOISOTOPE	0.148627		749,086	0	0	56.00
57.00	CT SCAN	0.063902		6,624,515	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.099423		2,073,713	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.095332		0	0	0	59.00
60.00	LABORATORY	0.125485		1,185,841	0	0	60.00
65.00	RESPIRATORY THERAPY	0.183739		344,182	0	0	65.00
66.00	PHYSICAL THERAPY	0.303229		0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.258841		0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.520394		0	0	0	68.00
68.01	AUDIOLOGY	0.342396		82,704	0	0	68.01
69.00	ELECTROCARDIOLOGY	0.097220		2,383,353	0	0	69.00
69.01	CARDIOPULMONARY	0.411127		406,288	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.094245		879,114	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.850995		2,307,793	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.407596		1,430,221	0	24,799	73.00
74.00	RENAL DIALYSIS	0.311767		0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
91.00	EMERGENCY	0.247101		3,833,548	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.619984		275,199	0	0	92.00
200.00	Subtotal (see instructions)			36,579,281	0	24,799	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00	Net Charges (line 200 +/- line 201)			36,579,281	0	24,799	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/25/2012 4:48 pm
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	2,130,849	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	45,777	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	813,556	0	0		54.00
56.00 RADIOISOTOPE	111,334	0	0		56.00
57.00 CT SCAN	423,320	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	206,175	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	148,805	0	0		60.00
65.00 RESPIRATORY THERAPY	63,240	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
68.01 AUDIOLOGY	28,318	0	0		68.01
69.00 ELECTROCARDIOLOGY	231,710	0	0		69.00
69.01 CARDIOPULMONARY	167,036	0	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	82,852	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,963,920	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	582,952	0	10,108		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00 EMERGENCY	947,274	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	170,619	0	0		92.00
200.00 Subtotal (see instructions)	8,117,737	0	10,108		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	8,117,737	0	10,108		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140289 Component CCN: 14T289		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/25/2012 4:48 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,510,240	51,200,187	0.029497	40,268	1,188	50.00
52.00	DELIVERY ROOM & LABOR ROOM	509,154	14,677,550	0.034689	0	0	52.00
53.00	ANESTHESIOLOGY	33,151	9,523,962	0.003481	6,682	23	53.00
54.00	RADIOLOGY-DIAGNOSTIC	671,232	30,436,393	0.022054	110,166	2,430	54.00
56.00	RADIOISOTOPE	158,770	4,218,264	0.037639	13,041	491	56.00
57.00	CT SCAN	579,581	33,985,091	0.017054	97,789	1,668	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	373,088	10,739,635	0.034739	16,696	580	58.00
59.00	CARDIAC CATHETERIZATION	95,138	13,302,713	0.007152	4,128	30	59.00
60.00	LABORATORY	329,648	51,386,272	0.006415	353,046	2,265	60.00
65.00	RESPIRATORY THERAPY	206,854	12,692,503	0.016297	235,610	3,840	65.00
66.00	PHYSICAL THERAPY	145,420	8,656,902	0.016798	1,773,318	29,788	66.00
67.00	OCCUPATIONAL THERAPY	72,906	6,073,092	0.012005	1,928,474	23,151	67.00
68.00	SPEECH PATHOLOGY	34,169	1,918,773	0.017808	159,046	2,832	68.00
68.01	AUDIOLOGY	12,151	682,138	0.017813	0	0	68.01
69.00	ELECTROCARDIOLOGY	103,244	8,697,515	0.011871	28,125	334	69.00
69.01	CARDIOPULMONARY	31,520	1,765,000	0.012193	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	10,926	1,063,449	0.010274	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	430,302	16,449,554	0.026159	122,572	3,206	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	313,011	16,439,781	0.019040	557,450	10,614	73.00
74.00	RENAL DIALYSIS	2,814	503,674	0.005587	19,308	108	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	EMERGENCY	660,044	35,494,494	0.018596	11,926	222	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	46,144	1,359,769	0.033935	0	0	92.00
200.00	Total (lines 50-199)	6,319,507	331,266,711		5,477,645	82,770	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/25/2012 4:48 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
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
68.01 AUDIOLOGY	0	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 CARDIOPULMONARY	0	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
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
91.00 EMERGENCY	0	0	34,986	0	34,986	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	34,986	0	34,986	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/25/2012 4:48 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	51,200,187	0.000000	0.000000	40,268	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	14,677,550	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	9,523,962	0.000000	0.000000	6,682	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	30,436,393	0.000000	0.000000	110,166	54.00
56.00 RADIOISOTOPE	0	4,218,264	0.000000	0.000000	13,041	56.00
57.00 CT SCAN	0	33,985,091	0.000000	0.000000	97,789	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	10,739,635	0.000000	0.000000	16,696	58.00
59.00 CARDIAC CATHETERIZATION	0	13,302,713	0.000000	0.000000	4,128	59.00
60.00 LABORATORY	0	51,386,272	0.000000	0.000000	353,046	60.00
65.00 RESPIRATORY THERAPY	0	12,692,503	0.000000	0.000000	235,610	65.00
66.00 PHYSICAL THERAPY	0	8,656,902	0.000000	0.000000	1,773,318	66.00
67.00 OCCUPATIONAL THERAPY	0	6,073,092	0.000000	0.000000	1,928,474	67.00
68.00 SPEECH PATHOLOGY	0	1,918,773	0.000000	0.000000	159,046	68.00
68.01 AUDIOLOGY	0	682,138	0.000000	0.000000	0	68.01
69.00 ELECTROCARDIOLOGY	0	8,697,515	0.000000	0.000000	28,125	69.00
69.01 CARDIOPULMONARY	0	1,765,000	0.000000	0.000000	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	1,063,449	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,449,554	0.000000	0.000000	122,572	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	16,439,781	0.000000	0.000000	557,450	73.00
74.00 RENAL DIALYSIS	0	503,674	0.000000	0.000000	19,308	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00 EMERGENCY	34,986	35,494,494	0.000986	0.000986	11,926	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,359,769	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	34,986	331,266,711			5,477,645	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/25/2012 4:48 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
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
68.01 AUDIOLOGY	0	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 CARDIOPULMONARY	0	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,943	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	12	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	12	1,943	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/25/2012 4:48 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
68.01 AUDIOLOGY	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	69.00
69.01 CARDIOPULMONARY	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/25/2012 4:48 pm		
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	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	0.259002	0	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.386713	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.030232	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.190869	0	0	0	54.00
56.00	RADIOISOTOPE	0.148627	0	0	0	56.00
57.00	CT SCAN	0.063902	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.099423	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.095332	0	0	0	59.00
60.00	LABORATORY	0.125485	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0.183739	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.303229	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.258841	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.520394	0	0	0	68.00
68.01	AUDIOLOGY	0.342396	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	0.097220	0	0	0	69.00
69.01	CARDIOPULMONARY	0.411127	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.094245	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.850995	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.407596	1,943	0	1,001	73.00
74.00	RENAL DIALYSIS	0.311767	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
91.00	EMERGENCY	0.247101	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.619984	0	0	0	92.00
200.00	Subtotal (see instructions)		1,943	0	1,001	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		1,943	0	1,001	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/25/2012 4:48 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
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
68.01 AUDIOLOGY	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 CARDIOPULMONARY	0	0	0	69.01
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 PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	792	0	408	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Subtotal (see instructions)	792	0	408	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	792	0	408	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2012 4:48 pm
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)		23,079	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,079	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)		23,079	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)		9,420	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		14,068,184	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		14,068,184	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		16,637,754	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		16,637,754	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.845558	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)		720.90	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		14,068,184	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)		609.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,742,149	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,742,149	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/25/2012 4:48 pm				
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)		
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00		
42.00	Intensive Care Type Inpatient Hospital Units			0	0	0.00	0	42.00	
43.00	INTENSIVE CARE UNIT			3,898,742	2,476	1,574.61	842	1,325,822	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)							14,336,698	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							21,404,669	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)							390,201	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							917,779	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							1,307,980	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							20,096,689	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)							1,383	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							609.57	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							843,035	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140289		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/25/2012 4:48 pm	
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	770,038	14,068,184	0.054736	843,035	46,144	90.00
91.00	Nursing School cost	0	14,068,184	0.000000	843,035	0	91.00
92.00	Allied health cost	0	14,068,184	0.000000	843,035	0	92.00
93.00	All other Medical Education	0	14,068,184	0.000000	843,035	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14T289		Date/Time Prepared: 5/25/2012 4:48 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,353	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,353	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,353	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,390	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,769,717	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,769,717	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,577,805	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,577,805	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.605032	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)		1,051.64	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,769,717	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)		636.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,156,989	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,156,989	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140289		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14T289				Date/Time Prepared: 5/25/2012 4:48 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,592,790		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,749,779		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)					120,582		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					82,782		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					203,364		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,546,415		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140289 Component CCN: 14T289		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/25/2012 4:48 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	154,829	2,769,717	0.055901	0	0	90.00
91.00	Nursing School cost	0	2,769,717	0.000000	0	0	91.00
92.00	Allied health cost	0	2,769,717	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,769,717	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/25/2012 4:48 pm	
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		7,216,987		30.00
31.00	INTENSIVE CARE UNIT		1,382,333		31.00
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	0.259002	6,297,256	1,631,002	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.386713	8,104	3,134	52.00
53.00	ANESTHESIOLOGY	0.038036	974,896	37,081	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.193675	3,081,101	596,732	54.00
56.00	RADIOISOTOPE	0.148627	733,411	109,005	56.00
57.00	CT SCAN	0.063902	3,274,806	209,267	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.099423	939,686	93,426	58.00
59.00	CARDIAC CATHETERIZATION	0.098086	1,785,098	175,093	59.00
60.00	LABORATORY	0.125619	10,697,009	1,343,748	60.00
65.00	RESPIRATORY THERAPY	0.183739	3,731,466	685,616	65.00
66.00	PHYSICAL THERAPY	0.303229	1,266,764	384,120	66.00
67.00	OCCUPATIONAL THERAPY	0.258841	664,434	171,983	67.00
68.00	SPEECH PATHOLOGY	0.520394	158,445	82,454	68.00
68.01	AUDIOLOGY	0.342396	0	0	68.01
69.00	ELECTROCARDIOLOGY	0.097220	2,438,598	237,080	69.00
69.01	CARDIOPULMONARY	0.411127	536	220	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.094245	50,194	4,731	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.850995	6,042,268	5,141,940	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.407596	6,144,888	2,504,632	73.00
74.00	RENAL DIALYSIS	0.311767	287,735	89,706	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	EMERGENCY	0.247101	2,995,538	740,200	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.619984	154,082	95,528	92.00
200.00	Total (sum of lines 50-94 and 96-98)		51,726,315	14,336,698	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)		51,726,315		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14T289		Date/Time Prepared: 5/25/2012 4:48 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
41.00	SUBPROVIDER - IRF		3,518,075		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.259002	40,268	10,429	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.386713	0	0	52.00
53.00	ANESTHESIOLOGY	0.038036	6,682	254	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.193675	110,166	21,336	54.00
56.00	RADIOISOTOPE	0.148627	13,041	1,938	56.00
57.00	CT SCAN	0.063902	97,789	6,249	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.099423	16,696	1,660	58.00
59.00	CARDIAC CATHETERIZATION	0.098086	4,128	405	59.00
60.00	LABORATORY	0.125619	353,046	44,349	60.00
65.00	RESPIRATORY THERAPY	0.183739	235,610	43,291	65.00
66.00	PHYSICAL THERAPY	0.303229	1,773,318	537,721	66.00
67.00	OCCUPATIONAL THERAPY	0.258841	1,928,474	499,168	67.00
68.00	SPEECH PATHOLOGY	0.520394	159,046	82,767	68.00
68.01	AUDIOLOGY	0.342396	0	0	68.01
69.00	ELECTROCARDIOLOGY	0.097220	28,125	2,734	69.00
69.01	CARDIOPULMONARY	0.411127	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.094245	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.850995	122,572	104,308	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.407596	557,450	227,214	73.00
74.00	RENAL DIALYSIS	0.311767	19,308	6,020	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	EMERGENCY	0.247101	11,926	2,947	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.619984	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		5,477,645	1,592,790	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)		5,477,645		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/25/2012 4:48 pm
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		16,862,335	1.00
2.00	Outlier payments for discharges. (see instructions)		316,067	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)		130.21	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)		2.10	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		18.92	31.00
32.00	Sum of lines 30 and 31		21.02	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.57	33.00
34.00	Disproportionate share adjustment (see instructions)		1,107,855	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)		18,286,257	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		18,286,257	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,434,281	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/25/2012 4:48 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			2,954 58.00
59.00	Total (sum of amounts on lines 49 through 58)			19,723,492 59.00
60.00	Primary payer payments			16,809 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			19,706,683 61.00
62.00	Deductibles billed to program beneficiaries			2,018,674 62.00
63.00	Coinsurance billed to program beneficiaries			41,601 63.00
64.00	Allowable bad debts (see instructions)			303,234 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			212,264 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			202,585 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			17,858,672 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)			17,858,672 71.00
72.00	Interim payments			17,732,151 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)			126,521 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			33,668 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: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/25/2012 4:48 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,108	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,113,957	2.00
3.00	PPS payments		7,477,585	3.00
4.00	Outlier payment (see instructions)		13,824	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		3,780	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10,108	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		24,799	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)		24,799	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)		24,799	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		14,691	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		10,108	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)		7,495,189	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)		1,814,293	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)		5,691,004	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)		5,691,004	30.00
31.00	Primary payer payments		4,763	31.00
32.00	Subtotal (line 30 minus line 31)		5,686,241	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)		168,277	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		117,794	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		125,746	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		5,804,035	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-78	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)		5,804,113	40.00
41.00	Interim payments		5,677,787	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)		126,326	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: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/25/2012 4:48 pm
		Title XVIII	Hospital
			PPS
			Overrides
			1.00
112.00	WORKSHEET OVERRIDE VALUES Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/25/2012 4:48 pm
		Component CCN: 14T289	Title XVIII	Subprovider - IRF PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		408	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		792	2.00
3.00	PPS payments		719	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		408	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,001	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)		1,001	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)		1,001	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		593	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)		408	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)		719	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)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		1,127	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,127	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,127	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)		1,127	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		1,127	40.00
41.00	Interim payments		1,122	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)		5	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: 140289 Component CCN: 14T289	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/25/2012 4:48 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140289

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2012 4:48 pm

		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		17,608,960		5,788,915	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	08/12/2011	123,191		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	08/12/2011	111,128	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)		123,191		-111,128	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)		17,732,151		5,677,787	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		126,521		126,326	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		17,858,672		5,804,113	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: 140289
Component CCN: 14T289

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2012 4:48 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,724,209		1,122	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/12/2011	14,457		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)		14,457		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)		3,738,666		1,122	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		5	6.01
6.02	SETTLEMENT TO PROGRAM		13,310		0	6.02
7.00	Total Medicare program liability (see instructions)		3,725,356		1,127	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/25/2012 4:48 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,684,780 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0099 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			68,791 3.00
4.00	Outlier Payments			50,102 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			11.926027 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			3,803,673 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,803,673 17.00
18.00	Primary payer payments			2,898 18.00
19.00	Subtotal (line 17 less line 18).			3,800,775 19.00
20.00	Deductibles			64,428 20.00
21.00	Subtotal (line 19 minus line 20)			3,736,347 21.00
22.00	Coinsurance			14,150 22.00
23.00	Subtotal (line 21 minus line 22)			3,722,197 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,496 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,147 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,396 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,725,344 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			12 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,725,356 32.00
33.00	Interim payments			3,738,666 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			-13,310 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 140289

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

Worksheet G
Date/Time Prepared:
5/25/2012 4:48 pm

		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	1,231,614	0	0	0	1.00
2.00	Temporary investments	3,763,344	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	16,724,858	0	0	0	4.00
5.00	Other receivable	4,175,113	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,077,016	0	0	0	7.00
8.00	Prepaid expenses	4,425,073	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	508,864	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	32,905,882	0	0	0	11.00
FIXED ASSETS						
12.00	Land	673,013	0	0	0	12.00
13.00	Land improvements	2,569,752	0	0	0	13.00
14.00	Accumulated depreciation	-1,949,321	0	0	0	14.00
15.00	Buildings	91,628,474	0	0	0	15.00
16.00	Accumulated depreciation	-35,956,421	0	0	0	16.00
17.00	Leasehold improvements	24,000	0	0	0	17.00
18.00	Accumulated depreciation	-24,000	0	0	0	18.00
19.00	Fixed equipment	5,035,498	0	0	0	19.00
20.00	Accumulated depreciation	-3,284,342	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	31,680,030	0	0	0	23.00
24.00	Accumulated depreciation	-19,900,801	0	0	0	24.00
25.00	Minor equipment depreciable	83,665	0	0	0	25.00
26.00	Accumulated depreciation	-83,665	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)	70,495,882	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	17,759,880	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	18,009,529	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	35,769,409	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	139,171,173	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,426,667	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,011,224	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,506,861	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	3,702,410	0	0	0	43.00
44.00	Other current liabilities	4,533,004	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,180,166	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	40,469,740	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	17,415,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	57,884,740	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	79,064,906	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	60,106,267				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)	60,106,267	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	139,171,173	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140289

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

Worksheet G-1

Date/Time Prepared:
5/25/2012 4:48 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		68,282,205		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,227,692			2.00
3.00	Total (sum of line 1 and line 2)		72,509,897		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)		72,509,897		0	11.00
12.00	TRANSFERS TO AFFILIATES	11,904,608		0		12.00
13.00	RELEASE IN RESTRICTED ASSETS	499,022		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)		12,403,630		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		60,106,267		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140289

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

Worksheet G-1

Date/Time Prepared:
5/25/2012 4:48 pm

	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: 140289

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

Worksheet G-2 Parts

Date/Time Prepared:
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Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	16,790,299		16,790,299	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,577,805		4,577,805	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	21,368,104		21,368,104	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,931,235		2,931,235	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,931,235		2,931,235	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	24,299,339		24,299,339	17.00
18.00	Ancillary services	125,524,962	208,284,390	333,809,352	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		960,822	960,822	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	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	149,824,301	209,245,212	359,069,513	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		112,606,057		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)		112,606,057		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140289

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

Worksheet G-3

Date/Time Prepared:
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	359,069,513	1.00
2.00	Less contractual allowances and discounts on patients' accounts	244,229,256	2.00
3.00	Net patient revenues (line 1 minus line 2)	114,840,257	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	112,606,057	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,234,200	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	149,017	6.00
7.00	Income from investments	-221,058	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	372	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	89,725	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	1,629,227	22.00
23.00	Governmental appropriations	0	23.00
24.00	MANAGEMENT FEES	264,000	24.00
24.01	MISCELLANEOUS INCOME	82,209	24.01
25.00	Total other income (sum of lines 6-24)	1,993,492	25.00
26.00	Total (line 5 plus line 25)	4,227,692	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,227,692	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140289

Period: From 01/01/2011

Worksheet H

HHA CCN: 147420

To 12/31/2011

Date/Time Prepared: 5/25/2012 4:48 pm

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	1.00
2.00	Capital Related - Movable Equipment		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	109,935	0	0	33,489	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	354,441	0	14,766	0	6.00
7.00	Physical Therapy	104,887	0	10,798	0	7.00
8.00	Occupational Therapy	26,898	0	3,228	0	8.00
9.00	Speech Pathology	2,690	0	746	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	55,517	0	4,039	0	11.00
12.00	Supplies (see instructions)	0	0	0	5,408	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	654,368	0	33,577	0	38,897

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140289

Period: From 01/01/2011

Worksheet H

HHA CCN: 147420

To 12/31/2011

Date/Time Prepared: 5/25/2012 4:48 pm

Home Health Agency I

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		Total (sum of col.s. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	143,424	-716	142,708	0	142,708	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	369,207	0	369,207	0	369,207	6.00
7.00	Physical Therapy	115,685	0	115,685	0	115,685	7.00
8.00	Occupational Therapy	30,126	0	30,126	0	30,126	8.00
9.00	Speech Pathology	3,436	0	3,436	0	3,436	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	59,556	0	59,556	0	59,556	11.00
12.00	Supplies (see instructions)	5,408	-3,787	1,621	0	1,621	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	726,842	-4,503	722,339	0	722,339	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 140289	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 5/25/2012 4:48 pm
	HHA CCN: 147420	To 12/31/2011	
		Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	142,708	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	369,207	0	0	0	6.00
7.00	Physical Therapy	115,685	0	0	0	7.00
8.00	Occupational Therapy	30,126	0	0	0	8.00
9.00	Speech Pathology	3,436	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	59,556	0	0	0	11.00
12.00	Supplies (see instructions)	1,621	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	722,339	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140289	Period: From 01/01/2011	Worksheet H-1
		HHA CCN: 147420	To 12/31/2011	Part I
			Home Health Agency I	Date/Time Prepared: 5/25/2012 4:48 pm
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	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	142,708	142,708	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	369,207	90,901	460,108
7.00	Physical Therapy	115,685	28,482	144,167
8.00	Occupational Therapy	30,126	7,417	37,543
9.00	Speech Pathology	3,436	846	4,282
10.00	Medical Social Services	0	0	0
11.00	Home Health Aide	59,556	14,663	74,219
12.00	Supplies (see instructions)	1,621	399	2,020
13.00	Drugs	0	0	0
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others (specify)	0	0	0
24.00	Total (sum of lines 1-23)	579,631		722,339

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140289

Period:

Worksheet H-1

HHA CCN: 147420

From 01/01/2011

Part II

To 12/31/2011

Date/Time Prepared:

Home Health Agency I

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		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-142,708	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-142,708	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140289	Period: From 01/01/2011	Worksheet H-1
	HHA CCN: 147420	To 12/31/2011	Part II Date/Time Prepared: 5/25/2012 4:48 pm
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		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	579,631	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	369,207	6.00
7.00	Physical Therapy	115,685	7.00
8.00	Occupational Therapy	30,126	8.00
9.00	Speech Pathology	3,436	9.00
10.00	Medical Social Services	0	10.00
11.00	Home Health Aide	59,556	11.00
12.00	Supplies (see instructions)	1,621	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	579,631	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	142,708	25.00
26.00	Unit Cost Multiplier	0.246205	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140289

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 147420

To 12/31/2011

Part I
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	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
	0			4.00	4A	
1.00	Administrative and General	16,710	1,867	29,467	48,044	1.00
2.00	Skilled Nursing Care	0	0	95,002	555,110	2.00
3.00	Physical Therapy	0	0	28,113	172,280	3.00
4.00	Occupational Therapy	0	0	7,210	44,753	4.00
5.00	Speech Pathology	0	0	721	5,003	5.00
6.00	Medical Social Services	0	0	0	0	6.00
7.00	Home Health Aide	0	0	14,881	89,100	7.00
8.00	Supplies (see instructions)	0	0	0	2,020	8.00
9.00	Drugs	0	0	0	0	9.00
10.00	DME	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	16,710	1,867	175,394	916,310	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000	21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140289

Period:

Worksheet H-2

HHA CCN: 147420

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

Part I
Date/Time Prepared:
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		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
1.00	Administrative and General	10,696	12,854	17,438	0	0	1.00
2.00	Skilled Nursing Care	123,581	0	0	0	0	2.00
3.00	Physical Therapy	38,354	0	0	0	0	3.00
4.00	Occupational Therapy	9,963	0	0	0	0	4.00
5.00	Speech Pathology	1,114	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	19,836	0	0	0	0	7.00
8.00	Supplies (see instructions)	450	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	203,994	12,854	17,438	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140289

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 147420

To 12/31/2011

Part I
Date/Time Prepared:
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Home Health
Agency I

PPS

	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	0	0	0	825	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	825	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140289

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 147420

To 12/31/2011

Part I
Date/Time Prepared:
5/25/2012 4:48 pm

Home Health
Agency I

PPS

	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	Subtotal	
	16.00	17.00	19.00	23.00	24.00	
1.00 Administrative and General	0	0	0	0	89,857	1.00
2.00 Skilled Nursing Care	0	0	0	0	678,691	2.00
3.00 Physical Therapy	0	0	0	0	210,634	3.00
4.00 Occupational Therapy	0	0	0	0	54,716	4.00
5.00 Speech Pathology	0	0	0	0	6,117	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	108,936	7.00
8.00 Supplies (see instructions)	0	0	0	0	2,470	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	1,151,421	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140289

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 147420

To 12/31/2011

Part I
Date/Time Prepared:
5/25/2012 4:48 pm

Home Health Agency I

PPS

	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	89,857		1.00
2.00	Skilled Nursing Care	0	678,691	57,449	2.00
3.00	Physical Therapy	0	210,634	17,829	3.00
4.00	Occupational Therapy	0	54,716	4,631	4.00
5.00	Speech Pathology	0	6,117	518	5.00
6.00	Medical Social Services	0	0	0	6.00
7.00	Home Health Aide	0	108,936	9,221	7.00
8.00	Supplies (see instructions)	0	2,470	209	8.00
9.00	Drugs	0	0	0	9.00
10.00	DME	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	13.00
14.00	Clinic	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	15.00
16.00	Day Care Program	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	17.00
18.00	Homemaker Service	0	0	0	18.00
19.00	All Others (specify)	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	1,151,421	89,857	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.084646	21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140289
HHA CCN: 147420

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

Worksheet H-2 Part II
Date/Time Prepared: 5/25/2012 4:48 pm

		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
1.00	Administrative and General	1,848	1,759	109,935	0	48,044	1.00
2.00	Skilled Nursing Care	0	0	354,441	0	555,110	2.00
3.00	Physical Therapy	0	0	104,887	0	172,280	3.00
4.00	Occupational Therapy	0	0	26,898	0	44,753	4.00
5.00	Speech Pathology	0	0	2,690	0	5,003	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	55,517	0	89,100	7.00
8.00	Supplies (see instructions)	0	0	0	0	2,020	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,848	1,759	654,368		916,310	20.00
21.00	Total cost to be allocated	16,710	1,867	175,394		203,994	21.00
22.00	Unit cost multiplier	9.042208	1.061399	0.268036		0.222626	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140289 HHA CCN: 147420	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/25/2012 4:48 pm PPS
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	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
1.00 Administrative and General	1,848	1,848	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	1,848	1,848	0	0	0	20.00
21.00 Total cost to be allocated	12,854	17,438	0	0	0	21.00
22.00 Unit cost multiplier	6.955628	9.436147	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140289
HHA CCN: 147420

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

Worksheet H-2
Part II
Date/Time Prepared:
5/25/2012 4:48 pm

		Home Health Agency I		PPS			
		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	1,318	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	1,318	0	0	20.00
21.00	Total cost to be allocated	0	0	825	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.625948	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140289 HHA CCN: 147420	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/25/2012 4:48 pm
		Home Health Agency I	PPS

	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	
	17.00	19.00	23.00	
1.00 Administrative and General	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	2.00
3.00 Physical Therapy	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	4.00
5.00 Speech Pathology	0	0	0	5.00
6.00 Medical Social Services	0	0	0	6.00
7.00 Home Health Aide	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	8.00
9.00 Drugs	0	0	0	9.00
10.00 DME	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	13.00
14.00 Clinic	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	15.00
16.00 Day Care Program	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	17.00
18.00 Homemaker Service	0	0	0	18.00
19.00 All Others (specify)	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140289 HHA CCN: 147420		Period: From 01/01/2011 To 12/31/2011		Worksheet H-3 Parts I-II Date/Time Prepared: 5/25/2012 4:48 pm	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	736,140		736,140	2,731	1.00
2.00	Physical Therapy	3.00	228,463	0	228,463	1,997	2.00
3.00	Occupational Therapy	4.00	59,347	0	59,347	597	3.00
4.00	Speech Pathology	5.00	6,635	0	6,635	138	4.00
5.00	Medical Social Services	6.00	0		0	0	5.00
6.00	Home Health Aide	7.00	118,157		118,157	747	6.00
7.00	Total (sum of lines 1-6)		1,148,742	0	1,148,742	6,210	7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		
					Part B		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		41180	1,102	427		8.00
9.00	Physical Therapy		41180	1,011	312		9.00
10.00	Occupational Therapy		41180	314	67		10.00
11.00	Speech Pathology		41180	63	1		11.00
12.00	Medical Social Services		41180	0	0		12.00
13.00	Home Health Aide		41180	255	302		13.00
14.00	Total (sum of lines 8-13)			2,745	1,109		14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	2,679	9,641	12,320	11,329	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	16.00
Cost Center Description		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy		66.00	0.303229	0	0	1.00
2.00	Occupational Therapy		67.00	0.258841	0	0	2.00
3.00	Speech Pathology		68.00	0.520394	0	0	3.00
3.01	Speech Pathology 1		68.01	0.342396	0	0	3.01
4.00	Cost of Medical Supplies		71.00	0.850995	11,329	9,641	4.00
5.00	Cost of Drugs		73.00	0.407596	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140289
HHA CCN: 147420

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

Worksheet H-3
Parts I-III
Date/Time Prepared:
5/25/2012 4:48 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	269.55	1,102	427		1.00
2.00	Physical Therapy	114.40	1,011	312		2.00
3.00	Occupational Therapy	99.41	314	67		3.00
4.00	Speech Pathology	48.08	63	1		4.00
5.00	Medical Social Services	0.00	0	0		5.00
6.00	Home Health Aide	158.18	255	302		6.00
7.00	Total (sum of lines 1-6)		2,745	1,109		7.00
Cost Center Description						
		5.00	6.00	7.00	8.00	9.00
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00	8.00	
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	1.087475	6,693	4,636	0	15.00
16.00	Cost of Drugs	0.000000	0	0	0	16.00
Cost Center Description						
			Transfer to Part I as Indicated			
			4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	col. 2, line 2.00				1.00
2.00	Occupational Therapy	col. 2, line 3.00				2.00
3.00	Speech Pathology	col. 2, line 4.00				3.00
3.01	Speech Pathology 1	col. 2, line 4.01				3.01
4.00	Cost of Medical Supplies	col. 2, line 15.00				4.00
5.00	Cost of Drugs	col. 2, line 16.00				5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 140289	Period: From 01/01/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/25/2012 4:48 pm
	HHA CCN: 147420	To 12/31/2011	
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)	
	Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION					
Cost Per Visit Computation					
1.00	Skilled Nursing Care	297,044	115,098	412,142	1.00
2.00	Physical Therapy	115,658	35,693	151,351	2.00
3.00	Occupational Therapy	31,215	6,660	37,875	3.00
4.00	Speech Pathology	3,029	48	3,077	4.00
5.00	Medical Social Services	0	0	0	5.00
6.00	Home Health Aide	40,336	47,770	88,106	6.00
7.00	Total (sum of lines 1-6)	487,282	205,269	692,551	7.00
Cost Center Description					
		10.00	11.00	12.00	
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
9.00	Physical Therapy				9.00
10.00	Occupational Therapy				10.00
11.00	Speech Pathology				11.00
12.00	Medical Social Services				12.00
13.00	Home Health Aide				13.00
14.00	Total (sum of lines 8-13)				14.00
Cost of Services					
Cost Center Description	Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	9.00	10.00	11.00		
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	7,278	5,042	0	15.00
16.00	Cost of Drugs	0	0	0	16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140289 HHA CCN: 147420	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/25/2012 4:48 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		486,256	155,397
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		6,922	11,786
14.00	Total PPS Reimbursement - PEP Episodes		1,522	0
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		494,700	167,183
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		494,700	167,183
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		494,700	167,183
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		494,700	167,183
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		494,700	167,183
32.00	Interim payments (see instructions)		494,700	167,183
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet H-5
	HHA CCN: 147420	Home Health Agency I	Date/Time Prepared: 5/25/2012 4:48 pm 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		494,700		167,183	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		494,700		167,183	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		494,700		167,183	7.00
			0	Contractor Number	Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140289	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/25/2012 4:48 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,358,800	1.00
2.00	Capital DRG outlier payments		16,373	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		66.22	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)		2.10	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		18.92	8.00
9.00	Sum of lines 7 and 8		21.02	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.35	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		59,108	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,434,281	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