

# Healthcare Cost Report Scanning Coversheet

Adventist GlenOaks Hospital

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Adventist Health System

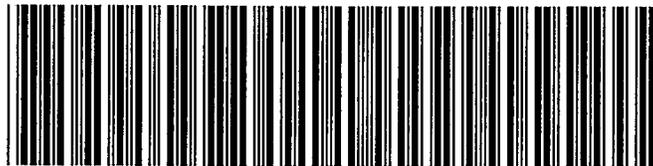
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3001189934

Adventist GlenOaks Hospital

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12/31/2011



\* E F R 4 7 F 9 W W L B 8 N G 4 B \*

# Medicare Cost Report



\* E F R X M C R C R \*

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: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet 5 Parts I-III Date/Time Prepared: 5/22/2012 12:08 pm
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**PART I - COST REPORT STATUS**

Provider use only

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

Contractor use only

5.  Cost Report Status  
 (1) As Submitted  
 (2) Settled without Audit  
 (3) Settled with Audit  
 (4) Reopened  
 (5) Amended

6. Date Received:  
 7. Contractor No.  
 8.  Initial Report for this Provider CCN  
 9.  Final Report for this Provider CCN

10. NPR Date:  
 11. Contractor's Vendor Code: 04  
 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/22/2012 Time: 12:08 pm

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

**Encryption Information**

ECR: Date: 5/22/2012 Time: 12:08 pm  
 Pz:BIK0CVYd3Yrhgw:ljyNQ2TzALU0  
 Zwx520BwFGzvepuKgujWU.OFuLr6F5  
 Cubt1nxDVJ0u5VV5  
 PI: Date: 5/22/2012 Time: 12:08 pm  
 cFg6YU4qoT4wp0eoYCquB9dRQndFQ1  
 AV55s0npmFbwuMhCV9.pvcDKJfePNP  
 uP.P61M8gK0EmeT3

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-773,888	57,001	1,323,141	0	1.00
2.00 Subprovider - IPF	0	151,271	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0	0	0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	-622,617	57,001	1,323,141	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: 140292		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/22/2012 12:06 pm				
1.00		2.00		3.00		4.00				
<b>Hospital and Hospital Health Care Complex Address:</b>										
1.00	Street: 701 WINTHROP AVENUE	PO Box:						1.00		
2.00	City: GLENDALE HEIGHTS	State: IL	Zip Code: 60139-	County: DUPAGE				2.00		
	<b>Component Name</b>	<b>CCN Number</b>	<b>CBSA Number</b>	<b>Provider Type</b>	<b>Date Certified</b>	<b>Payment System (P, T, O, or N)</b>				
						V	XVIII	XIX		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
<b>Hospital and Hospital-Based Component Identification:</b>										
3.00	Hospital	ADVENTIST GLENOAKS HOSPITAL	140292	16974	1	11/23/1982	N	P	O	3.00
4.00	Subprovider - IPF	GLEN OAKS MED CTR PSYCH UNIT	145292	16974	4	01/01/1984	N	P	T	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA						N	N	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N	16.00
17.00	Hospital-Based (CMHC) 1									17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
17.20	Hospital-Based (OPT) 1						N	N	N	17.20
17.30	Hospital-Based (OOT) 1						N	N	N	17.30
17.40	Hospital-Based (OSP) 1						N	N	N	17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00
					<b>From:</b>		<b>To:</b>			
					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)						1		21.00	
<b>Inpatient PPS Information</b>										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					3		N		23.00
		<b>In-State Medicaid paid days</b>	<b>In-State Medicaid eligible days</b>	<b>Out-of-State Medicaid paid days</b>	<b>Out-of-State Medicaid eligible days</b>	<b>Medicaid HMO days</b>	<b>Other Medicaid days</b>			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	7,019	1,911	5	0	5	886		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00	
					<b>Urban/Rural S</b>		<b>Date of Geogr</b>			
					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: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/22/2012 12:06 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		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	Y	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00		62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00		62.01	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140292

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/22/2012 12:06 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
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	0	71.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/22/2012 12:06 pm
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		1.00	2.00	3.00	
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.		N		80.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
		V	XIX		
		1.00	2.00		
<b>Title V or XIX Inpatient Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		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		97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	2.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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.			2	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.			15,000,000	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.	Y			121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00

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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
<b>All Providers</b>							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		108013		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: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 00900			141.00
142.00	Street: 900 HOPE WAY	PO Box:					142.00
143.00	City: ALTAMONTE SPRINGS	State: FL		Zip Code: 32714			143.00
						1.00	
144.00	Are provider based physicians' costs included in worksheet A?		Y				144.00
145.00	If costs for renal services are claimed on worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y				145.00
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N				146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00
						Part A	Part B
						1.00	2.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital		N		N		155.00
156.00	Subprovider - IPF		N		N		156.00
157.00	Subprovider - IRF		N		N		157.00
158.00	SUBPROVIDER		N		N		158.00
159.00	SNF		N		N		159.00
160.00	HOME HEALTH AGENCY		N		N		160.00
161.00	CMHC				N		161.00
161.10	CORF				N		161.10
161.20	OUTPATIENT PHYSICAL THERAPY				N		161.20
161.30	OUTPATIENT OCCUPATIONAL THERAPY				N		161.30
161.40	OUTPATIENT SPEECH PATHOLOGY				N		161.40
						1.00	
165.00	<b>Multicampus</b> Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N		165.00
		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	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.		Y				167.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	worksheet S-2 Part I Date/Time Prepared: 5/22/2012 12:06 pm
				1.00
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)			0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			1.00169.00

		Y/N 1.00	Date 2.00	
<b>General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.</b> <b>COMPLETED BY ALL HOSPITALS</b> <b>Provider Organization and Operation</b>				
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 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
<b>Financial Data and Reports</b>				
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.			5.00
		Y/N 1.00	Legal Oper. 2.00	
<b>Approved Educational Activities</b>				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
<b>Bad Debts</b>				
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
<b>Bed Complement</b>				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		<b>Part A</b>		
		Description 0	Y/N 1.00	Date 2.00
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

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

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140292

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/22/2012 12:06 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	111	40,515	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)		111	40,515	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	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)		121	44,165	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840		16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY					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
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				25.40
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)		137			27.00
28.00 Observation Bed Days					28.00
28.01 SUBPROVIDER - IPF	40.00				28.01
28.02 SUBPROVIDER - IRF	41.00				28.02
28.03 SUBPROVIDER	42.00				28.03
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140292

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	9,743	7,367	22,945	1.00	
2.00 HMO		354	1,189		2.00	
3.00 HMO IPF		0	0		3.00	
4.00 HMO IRF		0	0		4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0	5.00	
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0	6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	9,743	7,367	22,945	7.00	
8.00 INTENSIVE CARE UNIT	0	1,576	359	2,851	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		854	924	13.00	
14.00 Total (see instructions)	0	11,319	8,580	26,720	14.00	
15.00 CAH visits	0	0	0	0	15.00	
16.00 SUBPROVIDER - IPF	0	4,159	57	5,140	16.00	
17.00 SUBPROVIDER - IRF	0	0	0	0	17.00	
18.00 SUBPROVIDER	0	0	0	0	18.00	
19.00 SKILLED NURSING FACILITY					19.00	
20.00 NURSING FACILITY					20.00	
21.00 OTHER LONG TERM CARE					21.00	
22.00 HOME HEALTH AGENCY	0	0	0	0	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00	
24.00 HOSPICE					24.00	
25.00 CMHC - CMHC					25.00	
25.10 CMHC - CORF	0	0	0	0	25.10	
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0	25.20	
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	25.30	
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	25.40	
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		242	1,295	28.00	
28.01 SUBPROVIDER - IPF				0	28.01	
28.02 SUBPROVIDER - IRF				0	28.02	
28.03 SUBPROVIDER				0	28.03	
29.00 Ambulance Trips		0			29.00	
30.00 Employee discount days (see instruction)				0	30.00	
31.00 Employee discount days - IRF				0	31.00	
32.00 Labor & delivery days (see instructions)			57	62	32.00	
33.00 LTCH non-covered days		0			33.00	

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,721	1.00
2.00 HMO					66	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	482.45	0.00	0	1,721	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	27.63	0.00	0	319	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00	0.00	0.00			25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00	0.00	0.00			25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00	0.00	0.00			25.40
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	510.08	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

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)	1,273	5,018	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)	1,273	5,018	14.00
15.00 CAH visits			15.00
16.00 SUBPROVIDER - IPF	0	400	16.00
17.00 SUBPROVIDER - IRF	0	0	17.00
18.00 SUBPROVIDER	0	0	18.00
19.00 SKILLED NURSING FACILITY			19.00
20.00 NURSING FACILITY			20.00
21.00 OTHER LONG TERM CARE			21.00
22.00 HOME HEALTH AGENCY			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)			23.00
24.00 HOSPICE			24.00
25.00 CMHC - CMHC			25.00
25.10 CMHC - CORF			25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY			25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY			25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY			25.40
26.00 RURAL HEALTH CLINIC			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER			26.25
27.00 Total (sum of lines 14-26)			27.00
28.00 Observation Bed Days			28.00
28.01 SUBPROVIDER - IPF			28.01
28.02 SUBPROVIDER - IRF			28.02
28.03 SUBPROVIDER			28.03
29.00 Ambulance Trips			29.00
30.00 Employee discount days (see instruction)			30.00
31.00 Employee discount days - IRF			31.00
32.00 Labor & delivery days (see instructions)			32.00
33.00 LTCH non-covered days			33.00

Provider CCN: 140292

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/22/2012 12:06 pm

	Worksheet A Line Number	Amount Reported	Reclassificati 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	
<b>PART II - WAGE DATA</b>						
<b>SALARIES</b>						
1.00	Total salaries (see instructions)	200.00	34,029,943	15,250	34,045,193	1,076,196.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00
4.00	Physician-Part A		183,321	0	183,321	2,647.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00
5.00	Physician-Part B		0	0	0	0.00
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00
8.00	Home office personnel		396,655	0	396,655	6,195.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		5,409,735	-175,962	5,233,773	184,802.00
<b>OTHER WAGES &amp; RELATED COSTS</b>						
11.00	Contract labor (see instructions)		993,654	0	993,654	18,369.00
12.00	Management and administrative services		0	0	0	0.00
13.00	Contract labor: physician-Part A		0	0	0	0.00
14.00	Home office salaries & wage-related costs		3,003,635	0	3,003,635	46,908.00
15.00	Home office: physician Part A		0	0	0	0.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		5,750,728	0	5,750,728	
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		0	0	0	
19.00	Excluded areas		1,117,082	0	1,117,082	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A		37,047	0	37,047	
23.00	Physician Part B		0	0	0	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		0	0	0	
<b>OVERHEAD COSTS - DIRECT SALARIES</b>						
26.00	Employee Benefits	4.00	139,429	0	139,429	10,926.00
27.00	Administrative & General	5.00	4,618,160	-178,162	4,439,998	114,635.00
28.00	Administrative & General under contract (see inst.)		25,080	0	25,080	111.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00
30.00	Operation of Plant	7.00	975,525	0	975,525	46,546.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00
32.00	Housekeeping	9.00	694,858	0	694,858	49,829.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00
34.00	Dietary	10.00	776,031	-561,616	214,415	13,767.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00
36.00	Cafeteria	11.00	0	561,616	561,616	36,060.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	816,780	178,162	994,942	24,953.00
39.00	Central Services and Supply	14.00	250,406	0	250,406	17,666.00
40.00	Pharmacy	15.00	1,271,643	-117,911	1,153,732	27,564.00
41.00	Medical Records & Medical Records Library	16.00	422,825	0	422,825	29,198.00
42.00	Social Service	17.00	383,958	0	383,958	11,477.00
43.00	Other General Service	18.00	0	0	0	0.00

Provider CCN: 140292

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/22/2012 12:06 pm

Average Hourly  
Wage (col. 4 ÷  
col. 5)  
6.00

PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	31.63	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	69.26	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	64.03	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	28.32	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	54.09	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	13.00
14.00	Home office salaries & wage-related costs	64.03	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/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	12.76	26.00
27.00	Administrative & General	38.73	27.00
28.00	Administrative & General under contract (see inst.)	225.95	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	20.96	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	13.94	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	15.57	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	15.57	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	39.87	38.00
39.00	Central Services and Supply	14.17	39.00
40.00	Pharmacy	41.86	40.00
41.00	Medical Records & Medical Records Library	14.48	41.00
42.00	Social Service	33.45	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140292

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/22/2012 12:06 pm

	Worksheet A Line Number	Amount Reported	Reclassificati 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	33,658,368	15,250	33,673,618	1,070,112.00	1.00
2.00	Excluded area salaries (see instructions)	5,409,735	-175,962	5,233,773	184,802.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	28,248,633	191,212	28,439,845	885,310.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,997,289	0	3,997,289	65,277.00	4.00
5.00	Subtotal wage-related costs (see inst.)	5,787,775	0	5,787,775	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	38,033,697	191,212	38,224,909	950,587.00	6.00
7.00	Total overhead cost (see instructions)	10,374,695	-117,911	10,256,784	382,732.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140292

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/22/2012 12:06 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>			
1.00	Net salaries (see instructions)	31.47	1.00
2.00	Excluded area salaries (see instructions)	28.32	2.00
3.00	Subtotal salaries (line 1 minus line 2)	32.12	3.00
4.00	Subtotal other wages & related costs (see inst.)	61.24	4.00
5.00	Subtotal wage-related costs (see inst.)	20.35	5.00
6.00	Total (sum of lines 3 thru 5)	40.21	6.00
7.00	Total overhead cost (see instructions)	26.80	7.00

Provider CCN: 140292

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

Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/22/2012 12:06 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	977,543	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	2,806,351	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	21,952	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	402,616	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	2,359,993	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	144,474	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	86,690	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	6,799,619	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	105,239	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140292

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	1,018,734	5,750,728	1.00
2.00	Hospital	1,018,734	5,750,728	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 140292

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

Worksheet S-10

Date/Time Prepared:  
5/22/2012 12:06 pm

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)			0.279278	1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid			10,214,707	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			14,824,911	5.00
6.00	Medicaid charges			63,455,634	6.00
7.00	Medicaid cost (line 1 times line 6)			17,721,763	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			1,940,000	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			1,693,868	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			473,060	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	11,903,169	0	11,903,169	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,324,293	0	3,324,293	21.00
22.00	Partial payment by patients approved for charity care	5,267	0	5,267	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,319,026	0	3,319,026	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?			Y	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			222,594	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			2,902,567	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			484,473	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			2,418,094	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			675,320	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			3,994,346	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			3,994,346	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140292

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

Worksheet A

Date/Time Prepared:  
5/22/2012 12:06 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		0	0	4,261,428	4,261,428	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	2,794,678	2,794,678	2.00
4.00 EMPLOYEE BENEFITS	139,429	1,697,059	1,836,488	-20	1,836,468	4.00
5.01 COMMUNICATIONS	0	346,376	346,376	-3,116	343,260	5.01
5.04 ADMITTING	555,035	52,206	607,241	-640	606,601	5.04
5.06 ADMIN & GENERAL	4,063,125	20,010,122	24,073,247	-926,596	23,146,651	5.06
7.00 OPERATION OF PLANT	975,525	1,750,404	2,725,929	-954	2,724,975	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	694,858	265,821	960,679	-1,092	959,587	9.00
10.00 DIETARY	776,031	746,711	1,522,742	-1,102,133	420,609	10.00
11.00 CAFETERIA	0	0	0	1,102,013	1,102,013	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	816,780	129,947	946,727	177,332	1,124,059	13.00
14.00 CENTRAL SERVICES & SUPPLY	250,406	354,356	604,762	-68,460	536,302	14.00
15.00 PHARMACY	1,271,643	2,679,678	3,951,321	-3,306,792	644,529	15.00
16.00 MEDICAL RECORDS & LIBRARY	422,825	131,326	554,151	-305	553,846	16.00
17.00 SOCIAL SERVICE	383,958	331,366	715,324	-190	715,134	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	8,274,412	2,075,451	10,349,863	-1,229,126	9,120,737	30.00
31.00 INTENSIVE CARE UNIT	1,890,125	581,693	2,471,818	-141,040	2,330,778	31.00
40.00 SUBPROVIDER - IPF	2,085,948	314,613	2,400,561	-299,604	2,100,957	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	4,313	4,313	478,566	482,879	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,048,161	324,823	1,372,984	-38,277	1,334,707	50.00
51.00 RECOVERY ROOM	242,298	24,331	266,629	0	266,629	51.00
52.00 DELIVERY ROOM & LABOR ROOM	122	915	1,037	1,048,271	1,049,508	52.00
53.00 ANESTHESIOLOGY	41,754	45,148	86,902	-360	86,542	53.00
54.00 RADIOLOGY-DIAGNOSTIC	807,974	174,438	982,412	-1,690	980,722	54.00
56.00 RADIOISOTOPE	158,429	129,830	288,259	-104,829	183,430	56.00
57.00 CT SCAN	353,235	92,934	446,169	0	446,169	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	139,713	19,691	159,404	-120	159,284	58.00
59.00 CARDIAC CATHETERIZATION	554,241	628,403	1,182,644	-137,958	1,044,686	59.00
60.00 LABORATORY	1,132,502	1,266,190	2,398,692	-123,336	2,275,356	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	597,424	140,242	737,666	-2,106	735,560	65.00
66.00 PHYSICAL THERAPY	362,809	122,874	485,683	-69,531	416,152	66.00
67.00 OCCUPATIONAL THERAPY	53,777	69,893	123,670	0	123,670	67.00
68.00 SPEECH PATHOLOGY	51,242	4,891	56,133	0	56,133	68.00
69.00 ELECTROCARDIOLOGY	316,569	175,091	491,660	-7,078	484,582	69.00
70.00 ELECTROENCEPHALOGRAPHY	109,534	24,652	134,186	0	134,186	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,262,243	1,262,243	98,609	1,360,852	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	1,568,225	1,568,225	5,882	1,574,107	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	2,483,988	2,483,988	73.00
74.00 RENAL DIALYSIS	0	237,670	237,670	0	237,670	74.00
75.03 CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04 PAIN CLINIC	0	0	0	0	0	75.04
76.00 SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	125,179	169,010	294,189	-103,559	190,630	90.00
91.00 EMERGENCY	2,011,093	1,221,677	3,232,770	-705	3,232,065	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE		3,824,310	3,824,310	-5,402,415	-1,578,105	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140292

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

Worksheet A

Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	30,706,156	42,998,923	73,705,079	-621,265	73,083,814	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,639	11,823	47,462	0	47,462	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	2,890,400	2,890,400	0	2,890,400	192.00
192.03 OP PHARMACY	0	0	0	621,265	621,265	192.03
194.00 FOUNDATION	115,616	36,126	151,742	0	151,742	194.00
194.01 MARKETING	107,287	527,791	635,078	0	635,078	194.01
194.03 THERAPEUTIC DAY SCHOOL	3,065,245	1,221,777	4,287,022	0	4,287,022	194.03
200.00 TOTAL (SUM OF LINES 118-199)	34,029,943	47,686,840	81,716,783	0	81,716,783	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140292

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

Worksheet A

Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-1,470,595	2,790,833	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	195,412	2,990,090	2.00
4.00	EMPLOYEE BENEFITS	3,206,109	5,042,577	4.00
5.01	COMMUNICATIONS	-124,666	218,594	5.01
5.04	ADMITTING	0	606,601	5.04
5.06	ADMIN & GENERAL	-9,469,684	13,676,967	5.06
7.00	OPERATION OF PLANT	413,563	3,138,538	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	HOUSEKEEPING	-84	959,503	9.00
10.00	DIETARY	0	420,609	10.00
11.00	CAFETERIA	-73,090	1,028,923	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	82,155	1,206,214	13.00
14.00	CENTRAL SERVICES & SUPPLY	385,617	921,919	14.00
15.00	PHARMACY	12,075	656,604	15.00
16.00	MEDICAL RECORDS & LIBRARY	302,327	856,173	16.00
17.00	SOCIAL SERVICE	0	715,134	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-367,690	8,753,047	30.00
31.00	INTENSIVE CARE UNIT	0	2,330,778	31.00
40.00	SUBPROVIDER - IPF	-600	2,100,357	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	482,879	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	1,334,707	50.00
51.00	RECOVERY ROOM	37,024	303,653	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,049,308	52.00
53.00	ANESTHESIOLOGY	0	86,542	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-6,604	974,118	54.00
56.00	RADIOISOTOPE	0	183,430	56.00
57.00	CT SCAN	0	446,169	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	159,284	58.00
59.00	CARDIAC CATHETERIZATION	-95,975	948,711	59.00
60.00	LABORATORY	106,035	2,381,391	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	0	735,560	65.00
66.00	PHYSICAL THERAPY	-48	416,104	66.00
67.00	OCCUPATIONAL THERAPY	0	123,670	67.00
68.00	SPEECH PATHOLOGY	0	56,133	68.00
69.00	ELECTROCARDIOLOGY	-60,655	423,927	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	134,186	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,360,852	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,574,107	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,483,988	73.00
74.00	RENAL DIALYSIS	0	237,670	74.00
75.03	CHEMICAL DEPENDENCY	0	0	75.03
75.04	PAIN CLINIC	0	0	75.04
76.00	SLEEP LAB	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-43,057	147,573	90.00
91.00	EMERGENCY	-572,250	2,659,815	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	1,578,105	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-5,966,576	67,117,238	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140292

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

Worksheet A

Date/Time Prepared:  
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Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7.00	
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	47,462	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	2,890,400	192.00
192.03 OP PHARMACY	0	621,265	192.03
194.00 FOUNDATION	0	151,742	194.00
194.01 MARKETING	0	635,078	194.01
194.03 THERAPEUTIC DAY SCHOOL	0	4,287,022	194.03
200.00 TOTAL (SUM OF LINES 118-199)	-5,966,576	75,750,207	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAFETERIA</b>					
1.00	CAFETERIA	11.00	561,616	540,397	1.00
	TOTALS		561,616	540,397	
<b>B - NURSERY</b>					
1.00	NURSERY	43.00	339,268	139,361	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	737,020	311,251	2.00
	TOTALS		1,076,288	450,612	
<b>C - BILLABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,483,988	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	2,483,988	
<b>D - BILLABLE MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	104,491	1.00
2.00	PHARMACY	15.00	0	972	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	105,463	
<b>E - RENT AND LEASE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	233,151	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	944,095	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
	TOTALS		0	1,177,246	
<b>F - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,465,327	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,568,022	2.00
	TOTALS		0	3,033,349	
<b>G - INTEREST</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,998,535	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	275,561	2.00
	TOTALS		0	2,274,096	
<b>H - PSYCH ASSESSMENT</b>					
1.00	ADULTS & PEDIATRICS	30.00	293,873	4,391	1.00
	TOTALS		293,873	4,391	
<b>J - CNO</b>					
1.00	NURSING ADMINISTRATION	13.00	178,162	0	1.00
	TOTALS		178,162	0	
<b>K - RECRUITMENT BONUS</b>					
1.00	ADULTS & PEDIATRICS	30.00	6,250	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	5,000	0	2.00
3.00	OCCUPATIONAL THERAPY	67.00	2,000	0	3.00
4.00	PHYSICAL THERAPY	66.00	2,000	0	4.00
	TOTALS		15,250	0	

Provider CCN: 140292

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

Worksheet A-6

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	Cost Center	Increases			
		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>L - INSURANCE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	36,659	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,000	2.00
	TOTALS		0	43,659	
<b>M - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	5,882	1.00
	TOTALS		0	5,882	
<b>N - OP RETAIL PHARMACY</b>					
1.00	OP PHARMACY	192.03	117,911	503,354	1.00
	TOTALS		117,911	503,354	
<b>O - PROPERTY TAXES</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	527,756	1.00
	TOTALS		0	527,756	
<b>P - STATE ASSESSMENT</b>					
1.00	INTEREST EXPENSE	113.00	0	1,615	1.00
	TOTALS		0	1,615	
500.00	Grand Total: Increases		2,243,100	11,151,808	500.00

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - CAFETERIA</b>							
1.00	DIETARY	10.00	561,616	540,397	0		1.00
	TOTALS		561,616	540,397			
<b>B - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,076,288	450,612	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,076,288	450,612			
<b>C - BILLABLE DRUGS</b>							
1.00	PHARMACY	15.00	0	2,483,953	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	35	0		2.00
	TOTALS		0	2,483,988			
<b>D - BILLABLE MEDICAL SUPPLIES</b>							
1.00	OPERATING ROOM	50.00	0	263	0		1.00
2.00	RADIOISOTOPE	56.00	0	104,829	0		2.00
3.00	LABORATORY	60.00	0	6	0		3.00
4.00	PHYSICAL THERAPY	66.00	0	365	0		4.00
	TOTALS		0	105,463			
<b>E - RENT AND LEASE</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	20	10		1.00
2.00	COMMUNICATIONS	5.01	0	3,116	10		2.00
3.00	ADMITTING	5.04	0	640	0		3.00
4.00	ADMIN & GENERAL	5.06	0	271,989	0		4.00
5.00	OPERATION OF PLANT	7.00	0	954	0		5.00
6.00	HOUSEKEEPING	9.00	0	1,092	0		6.00
7.00	DIETARY	10.00	0	120	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	830	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	68,460	0		9.00
10.00	PHARMACY	15.00	0	202,546	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	270	0		11.00
12.00	SOCIAL SERVICE	17.00	0	190	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	490	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	141,040	0		14.00
15.00	SUBPROVIDER - IPF	40.00	0	1,340	0		15.00
16.00	NURSERY	43.00	0	63	0		16.00
17.00	OPERATING ROOM	50.00	0	38,014	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	360	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,690	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	120	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	137,958	0		21.00
22.00	LABORATORY	60.00	0	123,330	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	2,106	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	69,166	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	7,078	0		25.00
26.00	CLINIC	90.00	0	103,559	0		26.00
27.00	EMERGENCY	91.00	0	705	0		27.00
	TOTALS		0	1,177,246			
<b>F - DEPRECIATION</b>							
1.00	ADMIN & GENERAL	5.06	0	431,171	9		1.00
2.00	INTEREST EXPENSE	113.00	0	2,602,178	9		2.00
	TOTALS		0	3,033,349			
<b>G - INTEREST</b>							
1.00	INTEREST EXPENSE	113.00	0	2,274,096	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	2,274,096			
<b>H - PSYCH ASSESSMENT</b>							
1.00	SUBPROVIDER - IPF	40.00	293,873	4,391	0		1.00
	TOTALS		293,873	4,391			
<b>J - CNO</b>							
1.00	ADMIN & GENERAL	5.06	178,162	0	0		1.00
	TOTALS		178,162	0			
<b>K - RECRUITMENT BONUS</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	6,250	0		1.00
2.00		59.00	0	5,000	0		2.00
3.00		67.00	0	2,000	0		3.00
4.00		66.00	0	2,000	0		4.00
	TOTALS		0	15,250			
<b>L - INSURANCE</b>							
1.00	ADMIN & GENERAL	5.06	0	43,659	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	43,659			

Provider CCN: 140292

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

Worksheet A-6

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		Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	<b>M - IMPLANTS</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,882	0		1.00	
	TOTALS		0	5,882				
	<b>N - OP RETAIL PHARMACY</b>							
1.00	PHARMACY	15.00	117,911	503,354	0		1.00	
	TOTALS		117,911	503,354				
	<b>O - PROPERTY TAXES</b>							
1.00	INTEREST EXPENSE	113.00	0	527,756	13		1.00	
	TOTALS		0	527,756				
	<b>P - STATE ASSESSMENT</b>							
1.00	ADMIN & GENERAL	5.06	0	1,615	0		1.00	
	TOTALS		0	1,615				
500.00	Grand Total: Decreases		2,227,850	11,167,058			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140292

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	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,869,112	0	0	0	1.00
2.00	Land Improvements	78,294	0	0	0	2.00
3.00	Buildings and Fixtures	24,256,345	17,695	0	17,695	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	7,073,614	90,347	0	90,347	5.00
6.00	Movable Equipment	6,899,039	2,707,279	0	2,707,279	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	40,176,404	2,815,321	0	2,815,321	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	40,176,404	2,815,321	0	2,815,321	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140292

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,869,112	0			1.00	
2.00	Land Improvements	78,294	0			2.00	
3.00	Buildings and Fixtures	24,274,040	0			3.00	
4.00	Building Improvements	0	0			4.00	
5.00	Fixed Equipment	7,163,961	0			5.00	
6.00	Movable Equipment	9,606,318	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	42,991,725	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	42,991,725	0			10.00	
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0			1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0			2.00	
3.00	Total (sum of lines 1-2)	0	0			3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,512,490	233,151	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,973,735	944,095	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,486,225	1,177,246	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140292

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	480,777	36,659	527,756	0	2,790,833	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	65,260	7,000	0	0	2,990,090	2.00
3.00	Total (sum of lines 1-2)	546,037	43,659	527,756	0	5,780,923	3.00

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	-1,517,758	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-210,301	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)	A	-124,666	COMMUNICATIONS	5.01 7.00
8.00 Television and radio service (chapter 21)	A	-17,151	OPERATION OF PLANT	7.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-1,091,193		10.00 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	1,180,605		12.00 12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-73,090	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients	B	-13	PHARMACY	15.00 17.00
18.00 Sale of medical records and abstracts	B	-4,836	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	0	RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00 Physicians' assistant		0		0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00 MISC REVENUE	B	-125,758	ADMIN & GENERAL	5.06 33.00
33.01 MISC REVENUE	B	-7,545	ADMIN & GENERAL	5.06 33.01
33.02 MISC REVENUE	B	-8,608	OPERATION OF PLANT	7.00 33.02
33.03 MISC REVENUE	B	-84	HOUSEKEEPING	9.00 33.03
33.04 MISC REVENUE	B	-49	NURSING ADMINISTRATION	13.00 33.04
33.05 MISC REVENUE	B	-4,977	ADULTS & PEDIATRICS	30.00 33.05
33.06 MISC REVENUE	B	-600	SUBPROVIDER - IPF	40.00 33.06
33.07 MISC REVENUE	B	-6,604	RADIOLOGY-DIAGNOSTIC	54.00 33.07
33.08 MISC REVENUE	B	-25	LABORATORY	60.00 33.08
33.09 MISC REVENUE	B	-48	PHYSICAL THERAPY	66.00 33.09
33.10 MISC REVENUE	B	-43,057	CLINIC	90.00 33.10
34.00 MISC REVENUE	B	-400	EMERGENCY	91.00 34.00
35.00 OFFSET BAD DEBT	A	-2,902,564	ADMIN & GENERAL	5.06 35.00
36.00 OFFSET FEDERAL INCOME TAX	A	-5,824	INTEREST EXPENSE	113.00 36.00
37.00 BANK FEES	A	-14,175	INTEREST EXPENSE	113.00 37.00
38.00 ADVERTISING	A	-1,321	ADMIN & GENERAL	5.06 38.00
39.00 MED STAFF TRAVEL	A	-1,286	ADMIN & GENERAL	5.06 39.00
40.00 PHYSICIAN SUBSIDY FEES	A	-48,651	ADMIN & GENERAL	5.06 40.00
41.00 HR RECRUIT MED	A	-293	EMPLOYEE BENEFITS	4.00 41.00
42.00 NON ALLOWABLE LEGAL	A	-95,806	ADMIN & GENERAL	5.06 42.00

Provider CCN: 140292

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

Worksheet A-8

Date/Time Prepared:  
5/22/2012 12:06 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	Line #		
	1.00	2.00	3.00	4.00		
43.00 NON ALLOWABLE LOBBY	A	-14,556	ADMIN & GENERAL		5.06	43.00
44.00 NON ALLOWABLE DUES	A	-18,253	ADMIN & GENERAL		5.06	44.00
45.00 NON ALLOWABLE INTEREST	A	-807,689	INTEREST EXPENSE		113.00	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-5,966,576				50.00

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	MISC REVENUE	0	33.00
33.01	MISC REVENUE	0	33.01
33.02	MISC REVENUE	0	33.02
33.03	MISC REVENUE	0	33.03
33.04	MISC REVENUE	0	33.04
33.05	MISC REVENUE	0	33.05
33.06	MISC REVENUE	0	33.06
33.07	MISC REVENUE	0	33.07
33.08	MISC REVENUE	0	33.08
33.09	MISC REVENUE	0	33.09
33.10	MISC REVENUE	0	33.10
34.00	MISC REVENUE	0	34.00
35.00	OFFSET BAD DEBT	0	35.00
36.00	OFFSET FEDERAL INCOME TAX	0	36.00
37.00	BANK FEES	0	37.00
38.00	ADVERTISING	0	38.00
39.00	MED STAFF TRAVEL	0	39.00
40.00	PHYSICAN SUBSIDY FEES	0	40.00
41.00	HR RECRUIT MED	0	41.00
42.00	NON ALLOWABLE LEGAL	0	42.00
43.00	NON ALLOWABLE LOBBY	0	43.00
44.00	NON ALLOWABLE DUES	0	44.00
45.00	NON ALLOWABLE INTEREST	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140292

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

Worksheet A-8-1

Date/Time Prepared:  
5/22/2012 12:06 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	4.00	EMPLOYEE BENEFITS	AHS SHARED SERVICES	1.00
2.00	5.06	ADMIN & GENERAL	AHS SHARED SERVICES	2.00
3.00	7.00	OPERATION OF PLANT	AHS SHARED SERVICES	3.00
4.00	13.00	NURSING ADMINISTRATION	AHS SHARED SERVICES	4.00
4.01	14.00	CENTRAL SERVICES & SUPPLY	AHS SHARED SERVICES	4.01
4.02	15.00	PHARMACY	AHS SHARED SERVICES	4.02
4.03	16.00	MEDICAL RECORDS & LIBRARY	AHS SHARED SERVICES	4.03
4.04	51.00	RECOVERY ROOM	AHS SHARED SERVICES	4.04
4.05	60.00	LABORATORY	AHS SHARED SERVICES	4.05
4.06	1.00	NEW CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	4.06
4.07	2.00	NEW CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	4.07
4.08	4.00	EMPLOYEE BENEFITS	AHS HOME OFFICE	4.08
4.09	5.06	ADMIN & GENERAL	AHS HOME OFFICE	4.09
4.10	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	4.10
4.11	113.00	INTEREST EXPENSE	AHS HOME OFFICE	4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

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

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

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

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

Provider CCN: 140292

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

Worksheet A-8-1

Date/Time Prepared: 5/22/2012 12:06 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	3,097,393	0	3,097,393	0	1.00
2.00	3,776,644	8,515,922	-4,739,278	0	2.00
3.00	439,322	0	439,322	0	3.00
4.00	82,204	0	82,204	0	4.00
4.01	385,617	0	385,617	0	4.01
4.02	12,088	0	12,088	0	4.02
4.03	293,204	0	293,204	0	4.03
4.04	37,024	0	37,024	0	4.04
4.05	106,060	0	106,060	0	4.05
4.06	47,163	0	47,163	9	4.06
4.07	405,713	0	405,713	9	4.07
4.08	145,408	36,399	109,009	0	4.08
4.09	3,916,286	5,430,952	-1,514,666	0	4.09
4.10	26,495	12,536	13,959	0	4.10
4.11	3,058,085	652,292	2,405,793	0	4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	15,828,706	14,648,101	1,180,605	5.00

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

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

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

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

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

6.00	AHS CORPORATE	0.00	MANAGEMENT SVCS	6.00
7.00	SHARED SERVICE	0.00	FINANCIAL SVCS	7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140292

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

Worksheet A-8-2

Date/Time Prepared:  
5/22/2012 12:06 pm

	1.00	2.00	3.00	4.00	
	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
1.00	30.00	ADULTS & PEDIATRICS	362,713	362,713	1.00
2.00	59.00	CARDIAC CATHETERIZATION	95,975	95,975	2.00
3.00	69.00	ELECTROCARDIOLOGY	60,655	60,655	3.00
4.00	91.00	EMERGENCY	571,850	571,850	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
200.00			1,091,193	1,091,193	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140292

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

Worksheet A-8-2

Date/Time Prepared:  
5/22/2012 12:06 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	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140292

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

Worksheet A-8-2

Date/Time Prepared:  
5/22/2012 12:06 pm

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140292

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

Worksheet A-8-2

Date/Time Prepared:  
5/22/2012 12:06 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	362,713	1.00
2.00	0	95,975	2.00
3.00	0	60,655	3.00
4.00	0	571,850	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
200.00	0	1,091,193	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140292

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	2,790,833	2,790,833				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	2,990,090		2,990,090			2.00
4.00 EMPLOYEE BENEFITS	5,042,577	31,134	33,357	5,107,068		4.00
5.01 COMMUNICATIONS	218,594	9,756	10,453	0	238,803	5.01
5.04 ADMITTING	606,601	8,019	8,592	83,602	0	5.04
5.06 ADMIN & GENERAL	13,676,967	281,485	301,583	585,173	174,780	5.06
7.00 OPERATION OF PLANT	3,138,538	501,589	537,401	146,938	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	959,503	31,134	33,357	104,663	0	9.00
10.00 DIETARY	420,609	90,447	96,905	32,296	0	10.00
11.00 CAFETERIA	1,028,923	59,904	64,181	84,593	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,206,214	13,267	14,214	149,863	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	921,919	68,311	73,188	37,717	0	14.00
15.00 PHARMACY	656,604	27,014	28,943	173,781	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	856,173	35,569	38,109	63,688	0	16.00
17.00 SOCIAL SERVICE	715,134	10,015	10,730	57,834	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	8,753,047	582,079	623,633	1,129,439	51,873	30.00
31.00 INTENSIVE CARE UNIT	2,330,778	93,200	99,854	284,700	4,673	31.00
40.00 SUBPROVIDER - IPF	2,100,357	230,469	246,924	269,931	7,477	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	482,879	11,253	12,056	51,102	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,334,707	178,769	191,533	157,879	0	50.00
51.00 RECOVERY ROOM	303,653	11,086	11,878	36,496	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,049,308	9,239	9,898	111,032	0	52.00
53.00 ANESTHESIOLOGY	86,542	7,761	8,315	6,289	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	974,118	39,172	41,969	121,701	0	54.00
56.00 RADIOISOTOPE	183,430	21,545	23,083	23,863	0	56.00
57.00 CT SCAN	446,169	50,517	54,124	53,206	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	159,284	9,885	10,591	21,044	0	58.00
59.00 CARDIAC CATHETERIZATION	948,711	21,803	23,360	84,236	0	59.00
60.00 LABORATORY	2,381,391	70,916	75,980	170,583	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	735,560	45,196	48,423	89,987	0	65.00
66.00 PHYSICAL THERAPY	416,104	7,095	7,602	54,949	0	66.00
67.00 OCCUPATIONAL THERAPY	123,670	1,552	1,663	8,401	0	67.00
68.00 SPEECH PATHOLOGY	56,133	1,016	1,089	7,718	0	68.00
69.00 ELECTROCARDIOLOGY	423,927	25,111	26,904	47,683	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	134,186	5,211	5,583	16,499	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,360,852	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,574,107	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,483,988	0	0	0	0	73.00
74.00 RENAL DIALYSIS	237,670	0	0	0	0	74.00
75.03 CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04 PAIN CLINIC	0	0	0	0	0	75.04
76.00 SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	147,573	0	0	18,855	0	90.00
91.00 EMERGENCY	2,659,815	93,533	100,211	302,921	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140292

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
110.00	0	1.00	2.00	4.00	5.01	
110.00	0	0	0	0	0	110.00
111.00	0	0	0	0	0	111.00
113.00	0	0	0	0	0	113.00
118.00	67,117,238	2,684,052	2,875,686	4,588,662	238,803	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	47,462	5,081	5,444	5,368	0	190.00
192.00	2,890,400	0	0	0	0	192.00
192.03	621,265	5,044	5,404	17,760	0	192.03
194.00	151,742	2,347	2,514	17,415	0	194.00
194.01	635,078	9,867	10,571	16,160	0	194.01
194.03	4,287,022	84,442	90,471	461,703	0	194.03
200.00						200.00
201.00		0	0	0	0	201.00
202.00	75,750,207	2,790,833	2,990,090	5,107,068	238,803	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140292

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description		ADMITTING	Subtotal	ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5A.04	5.06	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.04	ADMITTING	706,814					5.04
5.06	ADMIN & GENERAL	0	15,019,988	15,019,988			5.06
7.00	OPERATION OF PLANT	0	4,324,466	1,069,540	5,394,006		7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	1,128,657	279,143	85,734	0	9.00
10.00	DIETARY	0	640,257	158,350	249,061	0	10.00
11.00	CAFETERIA	0	1,237,601	306,087	164,955	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	1,383,558	342,186	36,532	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,101,135	272,336	188,106	0	14.00
15.00	PHARMACY	0	886,342	219,213	74,387	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	993,539	245,725	97,945	0	16.00
17.00	SOCIAL SERVICE	0	793,713	196,303	27,577	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	104,494	11,244,565	2,781,047	1,602,842	0	30.00
31.00	INTENSIVE CARE UNIT	20,498	2,833,703	700,840	256,642	0	31.00
40.00	SUBPROVIDER - IPF	23,829	2,878,987	712,040	634,634	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	2,534	559,824	138,457	30,986	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	37,493	1,900,381	470,008	492,270	0	50.00
51.00	RECOVERY ROOM	6,209	369,322	91,342	30,528	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,842	1,184,319	292,909	25,440	0	52.00
53.00	ANESTHESIOLOGY	10,006	118,913	29,410	21,370	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	39,432	1,216,392	300,842	107,867	0	54.00
56.00	RADIOISOTOPE	11,348	263,269	65,112	59,327	0	56.00
57.00	CT SCAN	50,730	654,746	161,934	139,108	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	9,921	210,725	52,117	27,221	0	58.00
59.00	CARDIAC CATHETERIZATION	21,885	1,099,995	272,054	60,039	0	59.00
60.00	LABORATORY	108,098	2,806,968	694,228	195,280	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	21,425	940,591	232,630	124,454	0	65.00
66.00	PHYSICAL THERAPY	6,778	492,528	121,814	19,538	0	66.00
67.00	OCCUPATIONAL THERAPY	1,484	136,770	33,826	4,274	0	67.00
68.00	SPEECH PATHOLOGY	976	66,932	16,554	2,798	0	68.00
69.00	ELECTROCARDIOLOGY	22,918	546,543	135,173	69,147	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	832	162,311	40,143	14,348	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,342	1,377,194	340,612	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	19,098	1,593,205	394,036	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	67,147	2,551,135	630,954	0	0	73.00
74.00	RENAL DIALYSIS	2,792	240,462	59,472	0	0	74.00
75.03	CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04	PAIN CLINIC	0	0	0	0	0	75.04
76.00	SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	3,499	169,927	42,027	0	0	90.00
91.00	EMERGENCY	92,204	3,248,684	803,474	257,558	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	706,814	66,377,647	12,701,938	5,099,968	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140292

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

Worksheet B  
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Cost Center Description	ADMITTING	Subtotal	ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.04	5A.04	5.06	7.00	8.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	63,355	15,669	13,992	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	2,890,400	714,862	0	0	192.00
192.03 OP PHARMACY	0	649,473	160,630	13,890	0	192.03
194.00 FOUNDATION	0	174,018	43,039	6,462	0	194.00
194.01 MARKETING	0	671,676	166,121	27,170	0	194.01
194.03 THERAPEUTIC DAY SCHOOL	0	4,923,638	1,217,729	232,524	0	194.03
200.00 Cross Foot Adjustments		0				200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	706,814	75,750,207	15,019,988	5,394,006	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140292

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.04	ADMITTING						5.04
5.06	ADMIN & GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	1,493,534					9.00
10.00	DIETARY	70,076	1,117,744				10.00
11.00	CAFETERIA	46,412	0	1,755,055			11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	NURSING ADMINISTRATION	10,279	0	57,351	0	1,829,906	13.00
14.00	CENTRAL SERVICES & SUPPLY	52,925	0	34,797	0	44,483	14.00
15.00	PHARMACY	20,930	0	67,660	0	87,156	15.00
16.00	MEDICAL RECORDS & LIBRARY	27,558	0	56,467	0	0	16.00
17.00	SOCIAL SERVICE	7,759	0	27,387	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	450,975	829,600	592,741	0	779,911	30.00
31.00	INTENSIVE CARE UNIT	72,209	102,799	120,241	0	154,119	31.00
40.00	SUBPROVIDER - IPF	178,560	185,345	140,804	0	182,743	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	8,718	0	25,210	0	30,306	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	138,505	0	73,001	0	96,996	50.00
51.00	RECOVERY ROOM	8,589	0	12,944	0	17,261	51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,158	0	54,777	0	65,850	52.00
53.00	ANESTHESIOLOGY	6,013	0	5,071	0	6,704	53.00
54.00	RADIOLOGY-DIAGNOSTIC	30,349	0	61,528	0	79,836	54.00
56.00	RADIOISOTOPE	16,692	0	8,962	0	11,614	56.00
57.00	CT SCAN	39,139	0	23,647	0	30,933	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	7,659	0	9,693	0	12,625	58.00
59.00	CARDIAC CATHETERIZATION	16,893	0	29,982	0	39,630	59.00
60.00	LABORATORY	54,944	0	98,848	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	35,016	0	46,947	0	0	65.00
66.00	PHYSICAL THERAPY	5,497	0	24,485	0	0	66.00
67.00	OCCUPATIONAL THERAPY	1,203	0	2,833	0	0	67.00
68.00	SPEECH PATHOLOGY	787	0	2,793	0	0	68.00
69.00	ELECTROCARDIOLOGY	19,455	0	23,602	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,037	0	5,764	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.03	CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04	PAIN CLINIC	0	0	0	0	0	75.04
76.00	SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	72,466	0	147,520	0	189,739	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,410,803	1,117,744	1,755,055	0	1,829,906	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140292

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

Worksheet B  
Part I  
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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
	9.00	10.00	11.00	12.00	13.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,937	0	0	0	0	0 190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.03 OP PHARMACY	3,908	0	0	0	0	0 192.03
194.00 FOUNDATION	1,818	0	0	0	0	0 194.00
194.01 MARKETING	7,645	0	0	0	0	0 194.01
194.03 THERAPEUTIC DAY SCHOOL	65,423	0	0	0	0	0 194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	1,493,534	1,117,744	1,755,055	0	0	1,829,906 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140292

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

Worksheet B  
Part I  
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
	14.00	15.00	16.00	17.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.04 ADMITTING						5.04
5.06 ADMIN & GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY	1,693,782					14.00
15.00 PHARMACY	8,546	1,364,234				15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	1,421,234			16.00
17.00 SOCIAL SERVICE	0	0	0	1,052,739		17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	120,721	0	210,119	758,164	0	30.00
31.00 INTENSIVE CARE UNIT	61,347	0	41,217	94,205	0	31.00
40.00 SUBPROVIDER - IPF	20,796	0	47,916	169,839	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,871	0	5,096	30,531	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	48,658	6	75,392	0	0	50.00
51.00 RECOVERY ROOM	1,970	0	12,485	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	9,737	0	0	52.00
53.00 ANESTHESIOLOGY	7,326	0	20,121	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,994	5,292	79,290	0	0	54.00
56.00 RADIOISOTOPE	2,130	230	22,818	0	0	56.00
57.00 CT SCAN	3,119	16,381	102,010	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	436	2,059	19,950	0	0	58.00
59.00 CARDIAC CATHETERIZATION	7,717	479	44,007	0	0	59.00
60.00 LABORATORY	15,871	6	217,322	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	12,443	0	43,082	0	0	65.00
66.00 PHYSICAL THERAPY	1,203	733	13,629	0	0	66.00
67.00 OCCUPATIONAL THERAPY	465	0	2,984	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	1,963	0	0	68.00
69.00 ELECTROCARDIOLOGY	4,359	77	46,084	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	378	0	1,673	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	578,118	0	32,860	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	726,600	0	38,402	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,337,949	135,021	0	0	73.00
74.00 RENAL DIALYSIS	0	0	5,614	0	0	74.00
75.03 CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04 PAIN CLINIC	0	0	0	0	0	75.04
76.00 SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	2,384	29	7,035	0	0	90.00
91.00 EMERGENCY	63,330	993	185,407	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORP	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,693,782	1,364,234	1,421,234	1,052,739	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140292

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

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
	14.00	15.00	16.00	17.00	19.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.03 OP PHARMACY	0	0	0	0	0	0 192.03
194.00 FOUNDATION	0	0	0	0	0	0 194.00
194.01 MARKETING	0	0	0	0	0	0 194.01
194.03 THERAPEUTIC DAY SCHOOL	0	0	0	0	0	0 194.03
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	1,693,782	1,364,234	1,421,234	1,052,739		0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140292

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

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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED		
		Y & FRINGES	PRGM COSTS	PRGM		
	20.00	21.00	22.00	23.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.04 ADMITTING						5.04
5.06 ADMIN & GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL	0					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	0	0	0	19,370,685	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	4,437,322	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	5,151,664	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	830,999	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	3,295,217	50.00
51.00 RECOVERY ROOM	0	0	0	0	544,441	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,640,190	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	214,928	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,885,390	54.00
56.00 RADIOISOTOPE	0	0	0	0	450,154	56.00
57.00 CT SCAN	0	0	0	0	1,171,017	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	342,485	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	1,570,796	59.00
60.00 LABORATORY	0	0	0	0	4,083,467	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	1,435,163	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	679,427	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	182,355	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	91,827	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	844,440	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	228,654	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,328,784	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,752,243	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	4,655,059	73.00
74.00 RENAL DIALYSIS	0	0	0	0	305,548	74.00
75.03 CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04 PAIN CLINIC	0	0	0	0	0	75.04
76.00 SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	221,402	90.00
91.00 EMERGENCY	0	0	0	0	4,969,171	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140292

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00			
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	63,682,828	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	96,953	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,605,262	192.00
192.03 OP PHARMACY	0	0	0	0	827,901	192.03
194.00 FOUNDATION	0	0	0	0	225,337	194.00
194.01 MARKETING	0	0	0	0	872,612	194.01
194.03 THERAPEUTIC DAY SCHOOL	0	0	0	0	6,439,314	194.03
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	75,750,207	202.00

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	COMMUNICATIONS			5.01
5.04	ADMITTING			5.04
5.06	ADMIN & GENERAL			5.06
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED ED PRGM-(SPECIFY)			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0	19,370,685	30.00
31.00	INTENSIVE CARE UNIT	0	4,437,322	31.00
40.00	SUBPROVIDER - IPF	0	5,151,664	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	830,999	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	3,295,217	50.00
51.00	RECOVERY ROOM	0	544,441	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,640,190	52.00
53.00	ANESTHESIOLOGY	0	214,928	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,885,390	54.00
56.00	RADIOISOTOPE	0	450,154	56.00
57.00	CT SCAN	0	1,171,017	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	342,485	58.00
59.00	CARDIAC CATHETERIZATION	0	1,570,796	59.00
60.00	LABORATORY	0	4,083,467	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	0	1,435,163	65.00
66.00	PHYSICAL THERAPY	0	679,427	66.00
67.00	OCCUPATIONAL THERAPY	0	182,355	67.00
68.00	SPEECH PATHOLOGY	0	91,827	68.00
69.00	ELECTROCARDIOLOGY	0	844,440	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	228,654	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,328,784	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	2,752,243	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	4,655,059	73.00
74.00	RENAL DIALYSIS	0	305,548	74.00
75.03	CHEMICAL DEPENDENCY	0	0	75.03
75.04	PAIN CLINIC	0	0	75.04
76.00	SLEEP LAB	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	221,402	90.00
91.00	EMERGENCY	0	4,969,171	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140292

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

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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
113.00 INTEREST EXPENSE			113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	63,682,828	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	96,953	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	3,605,262	192.00
192.03 OP PHARMACY	0	827,901	192.03
194.00 FOUNDATION	0	225,337	194.00
194.01 MARKETING	0	872,612	194.01
194.03 THERAPEUTIC DAY SCHOOL	0	6,439,314	194.03
200.00 Cross Foot Adjustments	0	0	200.00
201.00 Negative Cost Centers	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	75,750,207	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140292

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

Worksheet B  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	31,134	33,357	64,491	64,491
5.01	COMMUNICATIONS	0	9,756	10,453	20,209	0
5.04	ADMITTING	0	8,019	8,592	16,611	1,056
5.06	ADMIN & GENERAL	0	281,485	301,583	583,068	7,389
7.00	OPERATION OF PLANT	0	501,589	537,401	1,038,990	1,855
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	HOUSEKEEPING	0	31,134	33,357	64,491	1,322
10.00	DIETARY	0	90,447	96,905	187,352	408
11.00	CAFETERIA	0	59,904	64,181	124,085	1,068
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	0	13,267	14,214	27,481	1,892
14.00	CENTRAL SERVICES & SUPPLY	0	68,311	73,188	141,499	476
15.00	PHARMACY	0	27,014	28,943	55,957	2,194
16.00	MEDICAL RECORDS & LIBRARY	0	35,569	38,109	73,678	804
17.00	SOCIAL SERVICE	0	10,015	10,730	20,745	730
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	0	582,079	623,633	1,205,712	14,266
31.00	INTENSIVE CARE UNIT	0	93,200	99,854	193,054	3,595
40.00	SUBPROVIDER - IPF	0	230,469	246,924	477,393	3,409
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	11,253	12,056	23,309	645
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	178,769	191,533	370,302	1,994
51.00	RECOVERY ROOM	0	11,086	11,878	22,964	461
52.00	DELIVERY ROOM & LABOR ROOM	0	9,239	9,898	19,137	1,402
53.00	ANESTHESIOLOGY	0	7,761	8,315	16,076	79
54.00	RADIOLOGY-DIAGNOSTIC	0	39,172	41,969	81,141	1,537
56.00	RADIOISOTOPE	0	21,545	23,083	44,628	301
57.00	CT SCAN	0	50,517	54,124	104,641	672
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	9,885	10,591	20,476	266
59.00	CARDIAC CATHETERIZATION	0	21,803	23,360	45,163	1,064
60.00	LABORATORY	0	70,916	75,980	146,896	2,154
60.01	BLOOD LABORATORY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	45,196	48,423	93,619	1,136
66.00	PHYSICAL THERAPY	0	7,095	7,602	14,697	694
67.00	OCCUPATIONAL THERAPY	0	1,552	1,663	3,215	106
68.00	SPEECH PATHOLOGY	0	1,016	1,089	2,105	97
69.00	ELECTROCARDIOLOGY	0	25,111	26,904	52,015	602
70.00	ELECTROENCEPHALOGRAPHY	0	5,211	5,583	10,794	208
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	0	0	0	0	0
75.03	CHEMICAL DEPENDENCY	0	0	0	0	0
75.04	PAIN CLINIC	0	0	0	0	0
76.00	SLEEP LAB	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	0	0	0	0	238
91.00	EMERGENCY	0	93,533	100,211	193,744	3,825
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	0
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
101.00	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0	0	0
110.00	INTESTINAL ACQUISITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140292

Period:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	2,684,052	2,875,686	5,559,738	57,945	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,081	5,444	10,525	68	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03 OP PHARMACY	0	5,044	5,404	10,448	224	192.03
194.00 FOUNDATION	0	2,347	2,514	4,861	220	194.00
194.01 MARKETING	0	9,867	10,571	20,438	204	194.01
194.03 THERAPEUTIC DAY SCHOOL	0	84,442	90,471	174,913	5,830	194.03
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	2,790,833	2,990,090	5,780,923	64,491	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140292

Period:  
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Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	COMMUNICATIONS	ADMITTING	ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.01	5.04	5.06	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS	20,209					5.01
5.04 ADMITTING	0	17,667				5.04
5.06 ADMIN & GENERAL	14,791	0	605,248			5.06
7.00 OPERATION OF PLANT	0	0	43,098	1,083,943		7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	0	0	11,248	17,228	0	9.00
10.00 DIETARY	0	0	6,381	50,050	0	10.00
11.00 CAFETERIA	0	0	12,334	33,148	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	0	0	13,789	7,341	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	10,974	37,800	0	14.00
15.00 PHARMACY	0	0	8,833	14,948	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	9,902	19,682	0	16.00
17.00 SOCIAL SERVICE	0	0	7,910	5,542	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	4,390	2,604	112,072	322,099	0	30.00
31.00 INTENSIVE CARE UNIT	395	511	28,241	51,573	0	31.00
40.00 SUBPROVIDER - IPF	633	594	28,692	127,532	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	63	5,579	6,227	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	934	18,939	98,923	0	50.00
51.00 RECOVERY ROOM	0	155	3,681	6,135	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	121	11,803	5,112	0	52.00
53.00 ANESTHESIOLOGY	0	249	1,185	4,294	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	983	12,123	21,676	0	54.00
56.00 RADIOISOTOPE	0	283	2,624	11,922	0	56.00
57.00 CT SCAN	0	1,264	6,525	27,954	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	247	2,100	5,470	0	58.00
59.00 CARDIAC CATHETERIZATION	0	545	10,963	12,065	0	59.00
60.00 LABORATORY	0	2,747	27,974	39,242	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	534	9,374	25,009	0	65.00
66.00 PHYSICAL THERAPY	0	169	4,909	3,926	0	66.00
67.00 OCCUPATIONAL THERAPY	0	37	1,363	859	0	67.00
68.00 SPEECH PATHOLOGY	0	24	667	562	0	68.00
69.00 ELECTROCARDIOLOGY	0	571	5,447	13,895	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	21	1,618	2,883	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	407	13,725	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	476	15,878	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,673	25,425	0	0	73.00
74.00 RENAL DIALYSIS	0	70	2,396	0	0	74.00
75.03 CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04 PAIN CLINIC	0	0	0	0	0	75.04
76.00 SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	87	1,693	0	0	90.00
91.00 EMERGENCY	0	2,298	32,376	51,757	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	20,209	17,667	511,841	1,024,854	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140292

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	COMMUNICATIONS	ADMITTING	ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.01	5.04	5.06	7.00	8.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	631	2,812	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	28,806	0	0	192.00
192.03 OP PHARMACY	0	0	6,473	2,791	0	192.03
194.00 FOUNDATION	0	0	1,734	1,299	0	194.00
194.01 MARKETING	0	0	6,694	5,460	0	194.01
194.03 THERAPEUTIC DAY SCHOOL	0	0	49,069	46,727	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	20,209	17,667	605,248	1,083,943	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140292

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.04	ADMITTING						5.04
5.06	ADMIN & GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	94,289					9.00
10.00	DIETARY	4,424	248,615				10.00
11.00	CAFETERIA	2,930	0	173,565			11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	NURSING ADMINISTRATION	649	0	5,672	0	56,824	13.00
14.00	CENTRAL SERVICES & SUPPLY	3,341	0	3,441	0	1,381	14.00
15.00	PHARMACY	1,321	0	6,691	0	2,706	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,740	0	5,584	0	0	16.00
17.00	SOCIAL SERVICE	490	0	2,708	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	28,468	184,525	58,619	0	24,218	30.00
31.00	INTENSIVE CARE UNIT	4,559	22,865	11,891	0	4,786	31.00
40.00	SUBPROVIDER - IPF	11,273	41,225	13,925	0	5,675	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	550	0	2,493	0	941	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	8,744	0	7,219	0	3,012	50.00
51.00	RECOVERY ROOM	542	0	1,280	0	536	51.00
52.00	DELIVERY ROOM & LABOR ROOM	452	0	5,417	0	2,045	52.00
53.00	ANESTHESIOLOGY	380	0	502	0	208	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,916	0	6,085	0	2,479	54.00
56.00	RADIOISOTOPE	1,054	0	886	0	361	56.00
57.00	CT SCAN	2,471	0	2,339	0	961	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	484	0	959	0	392	58.00
59.00	CARDIAC CATHETERIZATION	1,066	0	2,965	0	1,231	59.00
60.00	LABORATORY	3,469	0	9,776	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	2,211	0	4,643	0	0	65.00
66.00	PHYSICAL THERAPY	347	0	2,421	0	0	66.00
67.00	OCCUPATIONAL THERAPY	76	0	280	0	0	67.00
68.00	SPEECH PATHOLOGY	50	0	276	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,228	0	2,334	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	255	0	570	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.03	CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04	PAIN CLINIC	0	0	0	0	0	75.04
76.00	SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	4,575	0	14,589	0	5,892	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	89,065	248,615	173,565	0	56,824	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140292

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
	9.00	10.00	11.00	12.00	13.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	249	0	0	0	0	0 190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.03 OP PHARMACY	247	0	0	0	0	0 192.03
194.00 FOUNDATION	115	0	0	0	0	0 194.00
194.01 MARKETING	483	0	0	0	0	0 194.01
194.03 THERAPEUTIC DAY SCHOOL	4,130	0	0	0	0	0 194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	94,289	248,615	173,565	0	0	56,824 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140292

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
	14.00	15.00	16.00	17.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.04 ADMITTING						5.04
5.06 ADMIN & GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY	198,912					14.00
15.00 PHARMACY	1,004	93,654				15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	111,390			16.00
17.00 SOCIAL SERVICE	0	0	0	38,125		17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	14,177	0	16,479	27,456		30.00
31.00 INTENSIVE CARE UNIT	7,204	0	3,233	3,412		31.00
40.00 SUBPROVIDER - IPF	2,442	0	3,758	6,151		40.00
41.00 SUBPROVIDER - IRF	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0		42.00
43.00 NURSERY	220	0	400	1,106		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	5,714	0	5,913	0		50.00
51.00 RECOVERY ROOM	231	0	979	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	764	0		52.00
53.00 ANESTHESIOLOGY	860	0	1,578	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	469	363	6,219	0		54.00
56.00 RADIOISOTOPE	250	16	1,790	0		56.00
57.00 CT SCAN	366	1,125	8,000	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	51	141	1,565	0		58.00
59.00 CARDIAC CATHETERIZATION	906	33	3,451	0		59.00
60.00 LABORATORY	1,864	0	16,969	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0		60.01
65.00 RESPIRATORY THERAPY	1,461	0	3,379	0		65.00
66.00 PHYSICAL THERAPY	141	50	1,069	0		66.00
67.00 OCCUPATIONAL THERAPY	55	0	234	0		67.00
68.00 SPEECH PATHOLOGY	0	0	154	0		68.00
69.00 ELECTROCARDIOLOGY	512	5	3,614	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	44	0	131	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	67,893	0	2,577	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	85,331	0	3,012	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	91,851	10,589	0		73.00
74.00 RENAL DIALYSIS	0	0	440	0		74.00
75.03 CHEMICAL DEPENDENCY	0	0	0	0		75.03
75.04 PAIN CLINIC	0	0	0	0		75.04
76.00 SLEEP LAB	0	0	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 CLINIC	280	2	552	0		90.00
91.00 EMERGENCY	7,437	68	14,541	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0		99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		99.40
101.00 HOME HEALTH AGENCY	0	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0		111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	198,912	93,654	111,390	38,125	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140292

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
	14.00	15.00	16.00	17.00	19.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.03 OP PHARMACY	0	0	0	0		192.03
194.00 FOUNDATION	0	0	0	0		194.00
194.01 MARKETING	0	0	0	0		194.01
194.03 THERAPEUTIC DAY SCHOOL	0	0	0	0		194.03
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	198,912	93,654	111,390	38,125		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140292

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED		
		Y & FRINGES	PRGM COSTS	PRGM		
	20.00	21.00	22.00	23.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	COMMUNICATIONS					5.01
5.04	ADMITTING					5.04
5.06	ADMIN & GENERAL					5.06
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAINTENANCE OF PERSONNEL					12.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE					17.00
19.00	NONPHYSICIAN ANESTHETISTS					19.00
20.00	NURSING SCHOOL	0				20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		0			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			0		22.00
23.00	PARAMED ED PRGM-(SPECIFY)				0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS				2,015,085	30.00
31.00	INTENSIVE CARE UNIT				335,319	31.00
40.00	SUBPROVIDER - IPF				722,702	40.00
41.00	SUBPROVIDER - IRF				0	41.00
42.00	SUBPROVIDER				0	42.00
43.00	NURSERY				41,533	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM				521,694	50.00
51.00	RECOVERY ROOM				36,964	51.00
52.00	DELIVERY ROOM & LABOR ROOM				46,253	52.00
53.00	ANESTHESIOLOGY				25,411	53.00
54.00	RADIOLOGY-DIAGNOSTIC				134,991	54.00
56.00	RADIOISOTOPE				64,115	56.00
57.00	CT SCAN				156,318	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)				32,151	58.00
59.00	CARDIAC CATHETERIZATION				79,452	59.00
60.00	LABORATORY				251,091	60.00
60.01	BLOOD LABORATORY				0	60.01
65.00	RESPIRATORY THERAPY				141,366	65.00
66.00	PHYSICAL THERAPY				28,423	66.00
67.00	OCCUPATIONAL THERAPY				6,225	67.00
68.00	SPEECH PATHOLOGY				3,935	68.00
69.00	ELECTROCARDIOLOGY				80,223	69.00
70.00	ELECTROENCEPHALOGRAPHY				16,524	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS				84,602	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT				104,697	72.00
73.00	DRUGS CHARGED TO PATIENTS				129,538	73.00
74.00	RENAL DIALYSIS				2,906	74.00
75.03	CHEMICAL DEPENDENCY				0	75.03
75.04	PAIN CLINIC				0	75.04
76.00	SLEEP LAB				0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC				0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				0	89.00
90.00	CLINIC				2,852	90.00
91.00	EMERGENCY				331,102	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF				0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY				0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY				0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY				0	99.40
101.00	HOME HEALTH AGENCY				0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION				0	109.00
110.00	INTESTINAL ACQUISITION				0	110.00
111.00	ISLET CELL ACQUISITION				0	111.00
113.00	INTEREST EXPENSE				0	113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140292

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	INTERNS & RESIDENTS					Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED	PRGM		
		Y & FRINGES	PRGM COSTS				
118.00 SUBTOTALS (SUM OF LINES 1-117)	20.00	21.00	22.00	23.00	24.00	5,395,472	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN						14,285	190.00
192.00 PHYSICIANS' PRIVATE OFFICES						28,806	192.00
192.03 OP PHARMACY						20,183	192.03
194.00 FOUNDATION						8,229	194.00
194.01 MARKETING						33,279	194.01
194.03 THERAPEUTIC DAY SCHOOL						280,669	194.03
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	0	5,780,923	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140292

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	COMMUNICATIONS			5.01
5.04	ADMITTING			5.04
5.06	ADMIN & GENERAL			5.06
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED ED PRGM-(SPECIFY)			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0	2,015,085	30.00
31.00	INTENSIVE CARE UNIT	0	335,319	31.00
40.00	SUBPROVIDER - IPF	0	722,702	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	41,533	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	521,694	50.00
51.00	RECOVERY ROOM	0	36,964	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	46,253	52.00
53.00	ANESTHESIOLOGY	0	25,411	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	134,991	54.00
56.00	RADIOISOTOPE	0	64,115	56.00
57.00	CT SCAN	0	156,318	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	32,151	58.00
59.00	CARDIAC CATHETERIZATION	0	79,452	59.00
60.00	LABORATORY	0	251,091	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	0	141,366	65.00
66.00	PHYSICAL THERAPY	0	28,423	66.00
67.00	OCCUPATIONAL THERAPY	0	6,225	67.00
68.00	SPEECH PATHOLOGY	0	3,935	68.00
69.00	ELECTROCARDIOLOGY	0	80,223	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	16,524	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	84,602	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	104,697	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	129,538	73.00
74.00	RENAL DIALYSIS	0	2,906	74.00
75.03	CHEMICAL DEPENDENCY	0	0	75.03
75.04	PAIN CLINIC	0	0	75.04
76.00	SLEEP LAB	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	2,852	90.00
91.00	EMERGENCY	0	331,102	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140292

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
113.00 INTEREST EXPENSE			113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	5,395,472	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,285	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	28,806	192.00
192.03 OP PHARMACY	0	20,183	192.03
194.00 FOUNDATION	0	8,229	194.00
194.01 MARKETING	0	33,279	194.01
194.03 THERAPEUTIC DAY SCHOOL	0	280,669	194.03
200.00 Cross Foot Adjustments	0	0	200.00
201.00 Negative Cost Centers	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	5,780,923	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140292

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

Worksheet B-1

Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES) 4.00	COMMUNICATIONS (NUMBER OF PHONES) 5.01	ADMITTING (GROSS CHARGES) 5.04	
	NEW BLDG & FIXT (SQUARE FEET) 1.00	NEW MVBLE EQUIP (SQUARE FEET) 2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	151,040					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		151,040				2.00
4.00 EMPLOYEE BENEFITS	1,685	1,685	33,905,764			4.00
5.01 COMMUNICATIONS	528	528	0	511		5.01
5.04 ADMITTING	434	434	555,035	0	231,731,900	5.04
5.06 ADMIN & GENERAL	15,234	15,234	3,884,963	374	0	5.06
7.00 OPERATION OF PLANT	27,146	27,146	975,525	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	1,685	1,685	694,858	0	0	9.00
10.00 DIETARY	4,895	4,895	214,415	0	0	10.00
11.00 CAFETERIA	3,242	3,242	561,616	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	718	718	994,942	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	3,697	3,697	250,406	0	0	14.00
15.00 PHARMACY	1,462	1,462	1,153,732	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,925	1,925	422,825	0	0	16.00
17.00 SOCIAL SERVICE	542	542	383,958	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	31,502	31,502	7,498,247	111	34,260,400	30.00
31.00 INTENSIVE CARE UNIT	5,044	5,044	1,890,125	10	6,720,605	31.00
40.00 SUBPROVIDER - IPF	12,473	12,473	1,792,075	16	7,812,800	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	609	609	339,268	0	830,880	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	9,675	9,675	1,048,161	0	12,292,785	50.00
51.00 RECOVERY ROOM	600	600	242,298	0	2,035,725	51.00
52.00 DELIVERY ROOM & LABOR ROOM	500	500	737,142	0	1,587,576	52.00
53.00 ANESTHESIOLOGY	420	420	41,754	0	3,280,801	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,120	2,120	807,974	0	12,928,461	54.00
56.00 RADIOISOTOPE	1,166	1,166	158,429	0	3,720,556	56.00
57.00 CT SCAN	2,734	2,734	353,235	0	16,632,893	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	535	535	139,713	0	3,252,905	58.00
59.00 CARDIAC CATHETERIZATION	1,180	1,180	559,241	0	7,175,389	59.00
60.00 LABORATORY	3,838	3,838	1,132,502	0	35,431,465	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	2,446	2,446	597,424	0	7,024,560	65.00
66.00 PHYSICAL THERAPY	384	384	364,809	0	2,222,306	66.00
67.00 OCCUPATIONAL THERAPY	84	84	55,777	0	486,488	67.00
68.00 SPEECH PATHOLOGY	55	55	51,242	0	320,078	68.00
69.00 ELECTROCARDIOLOGY	1,359	1,359	316,569	0	7,514,085	69.00
70.00 ELECTROENCEPHALOGRAPHY	282	282	109,534	0	272,730	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,357,939	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	6,261,600	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	22,015,451	73.00
74.00 RENAL DIALYSIS	0	0	0	0	915,365	74.00
75.03 CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04 PAIN CLINIC	0	0	0	0	0	75.04
76.00 SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	125,179	0	1,147,076	90.00
91.00 EMERGENCY	5,062	5,062	2,011,093	0	30,230,981	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140292

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

Worksheet B-1

Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	ADMITTING (GROSS CHARGES)	
	1.00	2.00	4.00	5.01	5.04	
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	145,261	145,261	30,464,066	511	231,731,900	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	275	275	35,639	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.03 OP PHARMACY	273	273	117,911	0	0	192.03
194.00 FOUNDATION	127	127	115,616	0	0	194.00
194.01 MARKETING	534	534	107,287	0	0	194.01
194.03 THERAPEUTIC DAY SCHOOL	4,570	4,570	3,065,245	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	2,790,833	2,990,090	5,107,068	238,803	706,814	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	18.477443	19.796676	0.150625	467.324853	0.003050	203.00
204.00 Cost to be allocated (per wkst. B, Part II)			64,491	20,209	17,667	204.00
205.00 Unit cost multiplier (wkst. B, Part II)			0.001902	39.547945	0.000076	205.00

Cost Center Description		Reconciliation	ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.04	ADMITTING						5.04
5.06	ADMIN & GENERAL	-15,019,988	60,730,219				5.06
7.00	OPERATION OF PLANT	0	4,324,466	106,013			7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	31,860		8.00
9.00	HOUSEKEEPING	0	1,128,657	1,685	0	104,328	9.00
10.00	DIETARY	0	640,257	4,895	0	4,895	10.00
11.00	CAFETERIA	0	1,237,601	3,242	0	3,242	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	1,383,558	718	0	718	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,101,135	3,697	0	3,697	14.00
15.00	PHARMACY	0	886,342	1,462	0	1,462	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	993,539	1,925	0	1,925	16.00
17.00	SOCIAL SERVICE	0	793,713	542	0	542	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	0	11,244,565	31,502	22,945	31,502	30.00
31.00	INTENSIVE CARE UNIT	0	2,833,703	5,044	2,851	5,044	31.00
40.00	SUBPROVIDER - IPF	0	2,878,987	12,473	5,140	12,473	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	559,824	609	924	609	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	1,900,381	9,675	0	9,675	50.00
51.00	RECOVERY ROOM	0	369,322	600	0	600	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,184,319	500	0	500	52.00
53.00	ANESTHESIOLOGY	0	118,913	420	0	420	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,216,392	2,120	0	2,120	54.00
56.00	RADIOISOTOPE	0	263,269	1,166	0	1,166	56.00
57.00	CT SCAN	0	654,746	2,734	0	2,734	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	210,725	535	0	535	58.00
59.00	CARDIAC CATHETERIZATION	0	1,099,995	1,180	0	1,180	59.00
60.00	LABORATORY	0	2,806,968	3,838	0	3,838	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	940,591	2,446	0	2,446	65.00
66.00	PHYSICAL THERAPY	0	492,528	384	0	384	66.00
67.00	OCCUPATIONAL THERAPY	0	136,770	84	0	84	67.00
68.00	SPEECH PATHOLOGY	0	66,932	55	0	55	68.00
69.00	ELECTROCARDIOLOGY	0	546,543	1,359	0	1,359	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	162,311	282	0	282	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,377,194	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,593,205	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,551,135	0	0	0	73.00
74.00	RENAL DIALYSIS	0	240,462	0	0	0	74.00
75.03	CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04	PAIN CLINIC	0	0	0	0	0	75.04
76.00	SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	169,927	0	0	0	90.00
91.00	EMERGENCY	0	3,248,684	5,062	0	5,062	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140292

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

Worksheet B-1

Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	Reconciliation	ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
	5A.06	5.06	7.00	8.00	9.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	-15,019,988	51,357,659	100,234	31,860	98,549	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	63,355	275	0	275	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	2,890,400	0	0	0	192.00
192.03 OP PHARMACY	0	649,473	273	0	273	192.03
194.00 FOUNDATION	0	174,018	127	0	127	194.00
194.01 MARKETING	0	671,676	534	0	534	194.01
194.03 THERAPEUTIC DAY SCHOOL	0	4,923,638	4,570	0	4,570	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)		15,019,988	5,394,006	0	1,493,534	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)		0.247323	50.880609	0.000000	14.315754	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		605,248	1,083,943	0	94,289	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.009966	10.224623	0.000000	0.903775	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140292

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

Worksheet B-1

Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.04	ADMITTING						5.04
5.06	ADMIN & GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	128,585					10.00
11.00	CAFETERIA	0	663,451				11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	NURSING ADMINISTRATION	0	21,680	0	575,428		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	13,154	0	13,988	3,734,127	14.00
15.00	PHARMACY	0	25,577	0	27,407	18,840	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	21,346	0	0	0	16.00
17.00	SOCIAL SERVICE	0	10,353	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	95,437	224,069	0	245,249	266,142	30.00
31.00	INTENSIVE CARE UNIT	11,826	45,454	0	48,464	135,247	31.00
40.00	SUBPROVIDER - IPF	21,322	53,227	0	57,465	45,846	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	9,530	0	9,530	4,124	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	27,596	0	30,501	107,272	50.00
51.00	RECOVERY ROOM	0	4,893	0	5,428	4,342	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	20,707	0	20,707	0	52.00
53.00	ANESTHESIOLOGY	0	1,917	0	2,108	16,150	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	23,259	0	25,105	8,806	54.00
56.00	RADIOISOTOPE	0	3,388	0	3,652	4,696	56.00
57.00	CT SCAN	0	8,939	0	9,727	6,877	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	3,664	0	3,970	961	58.00
59.00	CARDIAC CATHETERIZATION	0	11,334	0	12,462	17,014	59.00
60.00	LABORATORY	0	37,367	0	0	34,990	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	17,747	0	0	27,431	65.00
66.00	PHYSICAL THERAPY	0	9,256	0	0	2,653	66.00
67.00	OCCUPATIONAL THERAPY	0	1,071	0	0	1,026	67.00
68.00	SPEECH PATHOLOGY	0	1,056	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	8,922	0	0	9,610	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,179	0	0	833	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,274,525	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,601,868	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.03	CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04	PAIN CLINIC	0	0	0	0	0	75.04
76.00	SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	5,256	90.00
91.00	EMERGENCY	0	55,766	0	59,665	139,618	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140292

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

Worksheet B-1

Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	10.00	11.00	12.00	13.00	14.00	
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	128,585	663,451	0	575,428	3,734,127	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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
192.03 OP PHARMACY	0	0	0	0	0	192.03
194.00 FOUNDATION	0	0	0	0	0	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.03 THERAPEUTIC DAY SCHOOL	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	1,117,744	1,755,055	0	1,829,906	1,693,782	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	8.692647	2.645342	0.000000	3.180078	0.453595	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	248,615	173,565	0	56,824	198,912	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	1.933468	0.261609	0.000000	0.098751	0.053269	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140292

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

Worksheet B-1

Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.04 ADMITTING						5.04
5.06 ADMIN & GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	2,532,787					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	231,731,900				16.00
17.00 SOCIAL SERVICE	0	0	31,860			17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	34,260,400	22,945		0	30.00
31.00 INTENSIVE CARE UNIT	0	6,720,605	2,851		0	31.00
40.00 SUBPROVIDER - IPF	0	7,812,800	5,140		0	40.00
41.00 SUBPROVIDER - IRF	0	0	0		0	41.00
42.00 SUBPROVIDER	0	0	0		0	42.00
43.00 NURSERY	0	830,880	924		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	12	12,292,785	0	0	0	50.00
51.00 RECOVERY ROOM	0	2,035,725	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,587,576	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	3,280,801	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	9,824	12,928,461	0	0	0	54.00
56.00 RADIOISOTOPE	427	3,720,556	0	0	0	56.00
57.00 CT SCAN	30,413	16,632,893	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	3,822	3,252,905	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	890	7,175,389	0	0	0	59.00
60.00 LABORATORY	11	35,431,465	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	7,024,560	0	0	0	65.00
66.00 PHYSICAL THERAPY	1,360	2,222,306	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	486,488	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	320,078	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	143	7,514,085	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	272,730	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,357,939	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	6,261,600	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,483,988	22,015,451	0	0	0	73.00
74.00 RENAL DIALYSIS	0	915,365	0	0	0	74.00
75.03 CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04 PAIN CLINIC	0	0	0	0	0	75.04
76.00 SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	53	1,147,076	0	0	0	90.00
91.00 EMERGENCY	1,844	30,230,981	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140292

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

Worksheet B-1

Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	15.00	16.00	17.00	19.00	20.00	
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,532,787	231,731,900	31,860	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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
192.03 OP PHARMACY	0	0	0	0	0	192.03
194.00 FOUNDATION	0	0	0	0	0	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.03 THERAPEUTIC DAY SCHOOL	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,364,234	1,421,234	1,052,739	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.538630	0.006133	33.042655	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	93,654	111,390	38,125	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.036977	0.000481	1.196642	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140292

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

Worksheet B-1  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 COMMUNICATIONS					5.01
5.04 ADMITTING					5.04
5.06 ADMIN & GENERAL					5.06
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
19.00 NONPHYSICIAN ANESTHETISTS					19.00
20.00 NURSING SCHOOL					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 PARAMED ED PRGM-(SPECIFY)				0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	74.00
75.03 CHEMICAL DEPENDENCY	0	0	0	0	75.03
75.04 PAIN CLINIC	0	0	0	0	75.04
76.00 SLEEP LAB	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 CORF	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140292

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

Worksheet B-1  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
111.00 ISLET CELL ACQUISITION	0	0	0		111.00
113.00 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0		118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.03 OP PHARMACY	0	0	0		192.03
194.00 FOUNDATION	0	0	0		194.00
194.01 MARKETING	0	0	0		194.01
194.03 THERAPEUTIC DAY SCHOOL	0	0	0		194.03
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140292

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/22/2012 12:06 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE	Total Costs		
				Disallowance			
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	19,370,685		19,370,685	0	19,370,685	30.00
31.00	INTENSIVE CARE UNIT	4,437,322		4,437,322	0	4,437,322	31.00
40.00	SUBPROVIDER - IPF	5,151,664		5,151,664	0	5,151,664	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	830,999		830,999	0	830,999	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	3,295,217		3,295,217	0	3,295,217	50.00
51.00	RECOVERY ROOM	544,441		544,441	0	544,441	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,640,190		1,640,190	0	1,640,190	52.00
53.00	ANESTHESIOLOGY	214,928		214,928	0	214,928	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,885,390		1,885,390	0	1,885,390	54.00
56.00	RADIOISOTOPE	450,154		450,154	0	450,154	56.00
57.00	CT SCAN	1,171,017		1,171,017	0	1,171,017	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	342,485		342,485	0	342,485	58.00
59.00	CARDIAC CATHETERIZATION	1,570,796		1,570,796	0	1,570,796	59.00
60.00	LABORATORY	4,083,467		4,083,467	0	4,083,467	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
65.00	RESPIRATORY THERAPY	1,435,163	0	1,435,163	0	1,435,163	65.00
66.00	PHYSICAL THERAPY	679,427	0	679,427	0	679,427	66.00
67.00	OCCUPATIONAL THERAPY	182,355	0	182,355	0	182,355	67.00
68.00	SPEECH PATHOLOGY	91,827	0	91,827	0	91,827	68.00
69.00	ELECTROCARDIOLOGY	844,440		844,440	0	844,440	69.00
70.00	ELECTROENCEPHALOGRAPHY	228,654		228,654	0	228,654	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,328,784		2,328,784	0	2,328,784	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,752,243		2,752,243	0	2,752,243	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,655,059		4,655,059	0	4,655,059	73.00
74.00	RENAL DIALYSIS	305,548		305,548	0	305,548	74.00
75.03	CHEMICAL DEPENDENCY	0		0	0	0	75.03
75.04	PAIN CLINIC	0		0	0	0	75.04
76.00	SLEEP LAB	0		0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	221,402		221,402	0	221,402	90.00
91.00	EMERGENCY	4,969,171		4,969,171	0	4,969,171	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,034,860		1,034,860	0	1,034,860	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0		0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0		0	0	0	111.00
113.00	INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	64,717,688	0	64,717,688	0	64,717,688	200.00
201.00	Less Observation Beds	1,034,860		1,034,860	0	1,034,860	201.00
202.00	Total (see instructions)	63,682,828	0	63,682,828	0	63,682,828	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140292

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/22/2012 12:06 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	32,015,727		32,015,727			30.00
31.00	INTENSIVE CARE UNIT	6,720,605		6,720,605			31.00
40.00	SUBPROVIDER - IPF	7,812,800		7,812,800			40.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	830,880		830,880			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	4,997,487	7,295,298	12,292,785	0.268061	0.000000	50.00
51.00	RECOVERY ROOM	810,140	1,225,585	2,035,725	0.267443	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,375,885	211,691	1,587,576	1.033141	0.000000	52.00
53.00	ANESTHESIOLOGY	1,526,323	1,754,478	3,280,801	0.065511	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,375,495	8,552,966	12,928,461	0.145833	0.000000	54.00
56.00	RADIOISOTOPE	1,747,334	1,973,222	3,720,556	0.120991	0.000000	56.00
57.00	CT SCAN	6,305,677	10,327,216	16,632,893	0.070404	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	952,789	2,300,116	3,252,905	0.105286	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	6,159,681	1,015,708	7,175,389	0.218914	0.000000	59.00
60.00	LABORATORY	22,644,435	12,787,030	35,431,465	0.115250	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	RESPIRATORY THERAPY	6,434,988	589,572	7,024,560	0.204306	0.000000	65.00
66.00	PHYSICAL THERAPY	580,781	1,641,525	2,222,306	0.305731	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	452,328	34,160	486,488	0.374840	0.000000	67.00
68.00	SPEECH PATHOLOGY	313,020	7,058	320,078	0.286889	0.000000	68.00
69.00	ELECTROCARDIOLOGY	4,653,816	2,860,269	7,514,085	0.112381	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	169,433	103,297	272,730	0.838390	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,281,555	2,076,384	5,357,939	0.434642	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	4,476,869	1,784,731	6,261,600	0.439543	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	17,849,206	4,166,245	22,015,451	0.211445	0.000000	73.00
74.00	RENAL DIALYSIS	891,765	23,600	915,365	0.333799	0.000000	74.00
75.03	CHEMICAL DEPENDENCY	0	0	0	0.000000	0.000000	75.03
75.04	PAIN CLINIC	0	0	0	0.000000	0.000000	75.04
76.00	SLEEP LAB	0	0	0	0.000000	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	78,874	1,068,202	1,147,076	0.193014	0.000000	90.00
91.00	EMERGENCY	7,536,147	22,694,834	30,230,981	0.164373	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	406,977	1,837,696	2,244,673	0.461029	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0			99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET CELL ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	145,401,017	86,330,883	231,731,900			200.00
201.00	Less observation Beds						201.00
202.00	Total (see instructions)	145,401,017	86,330,883	231,731,900			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140292

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

Worksheet C  
Part I  
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5/22/2012 12:06 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>		11.00			
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.268061			50.00
51.00	RECOVERY ROOM	0.267443			51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.033141			52.00
53.00	ANESTHESIOLOGY	0.065511			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.145833			54.00
56.00	RADIOISOTOPE	0.120991			56.00
57.00	CT SCAN	0.070404			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.105286			58.00
59.00	CARDIAC CATHETERIZATION	0.218914			59.00
60.00	LABORATORY	0.115250			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
65.00	RESPIRATORY THERAPY	0.204306			65.00
66.00	PHYSICAL THERAPY	0.305731			66.00
67.00	OCCUPATIONAL THERAPY	0.374840			67.00
68.00	SPEECH PATHOLOGY	0.286889			68.00
69.00	ELECTROCARDIOLOGY	0.112381			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.838390			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.434642			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.439543			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211445			73.00
74.00	RENAL DIALYSIS	0.333799			74.00
75.03	CHEMICAL DEPENDENCY	0.000000			75.03
75.04	PAIN CLINIC	0.000000			75.04
76.00	SLEEP LAB	0.000000			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	CLINIC	0.193014			90.00
91.00	EMERGENCY	0.164373			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.461029			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	CORF				99.10
99.20	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET CELL ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140292

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

Worksheet C  
Part I  
Date/Time Prepared:  
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital		Cost
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	19,370,685		19,370,685	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	4,437,322		4,437,322	0	0	0	31.00
40.00	SUBPROVIDER - IPF	5,151,664		5,151,664	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	0	42.00
43.00	NURSERY	830,999		830,999	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	3,295,217		3,295,217	0	0	0	50.00
51.00	RECOVERY ROOM	544,441		544,441	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,640,190		1,640,190	0	0	0	52.00
53.00	ANESTHESIOLOGY	214,928		214,928	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,885,390		1,885,390	0	0	0	54.00
56.00	RADIOISOTOPE	450,154		450,154	0	0	0	56.00
57.00	CT SCAN	1,171,017		1,171,017	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	342,485		342,485	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	1,570,796		1,570,796	0	0	0	59.00
60.00	LABORATORY	4,083,467		4,083,467	0	0	0	60.00
60.01	BLOOD LABORATORY	0		0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	1,435,163	0	1,435,163	0	0	0	65.00
66.00	PHYSICAL THERAPY	679,427	0	679,427	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	182,355	0	182,355	0	0	0	67.00
68.00	SPEECH PATHOLOGY	91,827	0	91,827	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	844,440		844,440	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	228,654		228,654	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,328,784		2,328,784	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,752,243		2,752,243	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,655,059		4,655,059	0	0	0	73.00
74.00	RENAL DIALYSIS	305,548		305,548	0	0	0	74.00
75.03	CHEMICAL DEPENDENCY	0		0	0	0	0	75.03
75.04	PAIN CLINIC	0		0	0	0	0	75.04
76.00	SLEEP LAB	0		0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	CLINIC	221,402		221,402	0	0	0	90.00
91.00	EMERGENCY	4,969,171		4,969,171	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,034,860		1,034,860	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	CORF	0		0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0		0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	PANCREAS ACQUISITION	0		0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0		0	0	0	0	110.00
111.00	ISLET CELL ACQUISITION	0		0	0	0	0	111.00
113.00	INTEREST EXPENSE	0		0	0	0	0	113.00
200.00	Subtotal (see instructions)	64,717,688	0	64,717,688	0	0	0	200.00
201.00	Less Observation Beds	1,034,860		1,034,860	0	0	0	201.00
202.00	Total (see instructions)	63,682,828	0	63,682,828	0	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140292

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	32,015,727		32,015,727			30.00
31.00 INTENSIVE CARE UNIT	6,720,605		6,720,605			31.00
40.00 SUBPROVIDER - IPF	7,812,800		7,812,800			40.00
41.00 SUBPROVIDER - IRF	0		0			41.00
42.00 SUBPROVIDER	0		0			42.00
43.00 NURSERY	830,880		830,880			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	4,997,487	7,295,298	12,292,785	0.268061	0.268061	50.00
51.00 RECOVERY ROOM	810,140	1,225,585	2,035,725	0.267443	0.267443	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,375,885	211,691	1,587,576	1.033141	1.033141	52.00
53.00 ANESTHESIOLOGY	1,526,323	1,754,478	3,280,801	0.065511	0.065511	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,375,495	8,552,966	12,928,461	0.145833	0.145833	54.00
56.00 RADIOISOTOPE	1,747,334	1,973,222	3,720,556	0.120991	0.120991	56.00
57.00 CT SCAN	6,305,677	10,327,216	16,632,893	0.070404	0.070404	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	952,789	2,300,116	3,252,905	0.105286	0.105286	58.00
59.00 CARDIAC CATHETERIZATION	6,159,681	1,015,708	7,175,389	0.218914	0.218914	59.00
60.00 LABORATORY	22,644,435	12,787,030	35,431,465	0.115250	0.115250	60.00
60.01 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00 RESPIRATORY THERAPY	6,434,988	589,572	7,024,560	0.204306	0.204306	65.00
66.00 PHYSICAL THERAPY	580,781	1,641,525	2,222,306	0.305731	0.305731	66.00
67.00 OCCUPATIONAL THERAPY	452,328	34,160	486,488	0.374840	0.374840	67.00
68.00 SPEECH PATHOLOGY	313,020	7,058	320,078	0.286889	0.286889	68.00
69.00 ELECTROCARDIOLOGY	4,653,816	2,860,269	7,514,085	0.112381	0.112381	69.00
70.00 ELECTROENCEPHALOGRAPHY	169,433	103,297	272,730	0.838390	0.838390	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,281,555	2,076,384	5,357,939	0.434642	0.434642	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	4,476,869	1,784,731	6,261,600	0.439543	0.439543	72.00
73.00 DRUGS CHARGED TO PATIENTS	17,849,206	4,166,245	22,015,451	0.211445	0.211445	73.00
74.00 RENAL DIALYSIS	891,765	23,600	915,365	0.333799	0.333799	74.00
75.03 CHEMICAL DEPENDENCY	0	0	0	0.000000	0.000000	75.03
75.04 PAIN CLINIC	0	0	0	0.000000	0.000000	75.04
76.00 SLEEP LAB	0	0	0	0.000000	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00 CLINIC	78,874	1,068,202	1,147,076	0.193014	0.193014	90.00
91.00 EMERGENCY	7,536,147	22,694,834	30,230,981	0.164373	0.164373	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	406,977	1,837,696	2,244,673	0.461029	0.461029	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0			99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00 HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET CELL ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	145,401,017	86,330,883	231,731,900			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	145,401,017	86,330,883	231,731,900			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/22/2012 12:06 pm
	Title XIX	Hospital	Cost

Cost Center	Description	PPS Inpatient Ratio		Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.03	CHEMICAL DEPENDENCY	0.000000		75.03
75.04	PAIN CLINIC	0.000000		75.04
76.00	SLEEP LAB	0.000000		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF			99.10
99.20	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET CELL ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140292

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

Worksheet C Part II Date/Time Prepared: 5/22/2012 12:06 pm

Cost Center Description	Title XIX			Hospital		Cost
	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	3,295,217	521,694	2,773,523	0	0	50.00
51.00 RECOVERY ROOM	544,441	36,964	507,477	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,640,190	46,253	1,593,937	0	0	52.00
53.00 ANESTHESIOLOGY	214,928	25,411	189,517	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,885,390	134,991	1,750,399	0	0	54.00
56.00 RADIOISOTOPE	450,154	64,115	386,039	0	0	56.00
57.00 CT SCAN	1,171,017	156,318	1,014,699	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	342,485	32,151	310,334	0	0	58.00
59.00 CARDIAC CATHETERIZATION	1,570,796	79,452	1,491,344	0	0	59.00
60.00 LABORATORY	4,083,467	251,091	3,832,376	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	1,435,163	141,366	1,293,797	0	0	65.00
66.00 PHYSICAL THERAPY	679,427	28,423	651,004	0	0	66.00
67.00 OCCUPATIONAL THERAPY	182,355	6,225	176,130	0	0	67.00
68.00 SPEECH PATHOLOGY	91,827	3,935	87,892	0	0	68.00
69.00 ELECTROCARDIOLOGY	844,440	80,223	764,217	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	228,654	16,524	212,130	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,328,784	84,602	2,244,182	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	2,752,243	104,697	2,647,546	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	4,655,059	129,538	4,525,521	0	0	73.00
74.00 RENAL DIALYSIS	305,548	2,906	302,642	0	0	74.00
75.03 CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04 PAIN CLINIC	0	0	0	0	0	75.04
76.00 SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	221,402	2,852	218,550	0	0	90.00
91.00 EMERGENCY	4,969,171	331,102	4,638,069	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,034,860	107,654	927,206	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET CELL ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
200.00 Subtotal (sum of lines 50 thru 199)	34,927,018	2,388,487	32,538,531	0	0	200.00
201.00 Less Observation Beds	1,034,860	107,654	927,206	0	0	201.00
202.00 Total (line 200 minus line 201)	33,892,158	2,280,833	31,611,325	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140292

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	Cost
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	3,295,217	12,292,785	0.268061		50.00
51.00	RECOVERY ROOM	544,441	2,035,725	0.267443		51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,640,190	1,587,576	1.033141		52.00
53.00	ANESTHESIOLOGY	214,928	3,280,801	0.065511		53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,885,390	12,928,461	0.145833		54.00
56.00	RADIOISOTOPE	450,154	3,720,556	0.120991		56.00
57.00	CT SCAN	1,171,017	16,632,893	0.070404		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	342,485	3,252,905	0.105286		58.00
59.00	CARDIAC CATHETERIZATION	1,570,796	7,175,389	0.218914		59.00
60.00	LABORATORY	4,083,467	35,431,465	0.115250		60.00
60.01	BLOOD LABORATORY	0	0	0.000000		60.01
65.00	RESPIRATORY THERAPY	1,435,163	7,024,560	0.204306		65.00
66.00	PHYSICAL THERAPY	679,427	2,222,306	0.305731		66.00
67.00	OCCUPATIONAL THERAPY	182,355	486,488	0.374840		67.00
68.00	SPEECH PATHOLOGY	91,827	320,078	0.286889		68.00
69.00	ELECTROCARDIOLOGY	844,440	7,514,085	0.112381		69.00
70.00	ELECTROENCEPHALOGRAPHY	228,654	272,730	0.838390		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,328,784	5,357,939	0.434642		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,752,243	6,261,600	0.439543		72.00
73.00	DRUGS CHARGED TO PATIENTS	4,655,059	22,015,451	0.211445		73.00
74.00	RENAL DIALYSIS	305,548	915,365	0.333799		74.00
75.03	CHEMICAL DEPENDENCY	0	0	0.000000		75.03
75.04	PAIN CLINIC	0	0	0.000000		75.04
76.00	SLEEP LAB	0	0	0.000000		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	CLINIC	221,402	1,147,076	0.193014		90.00
91.00	EMERGENCY	4,969,171	30,230,981	0.164373		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,034,860	2,244,673	0.461029		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0.000000		99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0.000000		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000		99.40
101.00	HOME HEALTH AGENCY	0	0	0.000000		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	ISLET CELL ACQUISITION	0	0	0.000000		111.00
113.00	INTEREST EXPENSE	0	0	0.000000		113.00
200.00	Subtotal (sum of lines 50 thru 199)	34,927,018	0			200.00
201.00	Less Observation Beds	1,034,860	0			201.00
202.00	Total (line 200 minus line 201)	33,892,158	184,351,888			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140292

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	Title XVIII			Hospital	PPS		
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	2,015,085	0	2,015,085	24,240	83.13	30.00
31.00	INTENSIVE CARE UNIT	335,319		335,319	2,851	117.61	31.00
40.00	SUBPROVIDER - IPF	722,702	0	722,702	5,140	140.60	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	41,533		41,533	924	44.95	43.00
200.00	Total (lines 30-199)	3,114,639		3,114,639	33,155		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/22/2012 12:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	9,743	809,936	30.00
31.00	INTENSIVE CARE UNIT	1,576	185,353	31.00
40.00	SUBPROVIDER - IPF	4,159	584,755	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	15,478	1,580,044	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140292

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/22/2012 12:06 pm

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	521,694	12,292,785	0.042439	1,931,292	81,962	50.00
51.00	RECOVERY ROOM	36,964	2,035,725	0.018158	247,585	4,496	51.00
52.00	DELIVERY ROOM & LABOR ROOM	46,253	1,587,576	0.029134	9,931	289	52.00
53.00	ANESTHESIOLOGY	25,411	3,280,801	0.007745	489,161	3,789	53.00
54.00	RADIOLOGY-DIAGNOSTIC	134,991	12,928,461	0.010441	2,669,746	27,875	54.00
56.00	RADIOISOTOPE	64,115	3,720,556	0.017233	752,550	12,969	56.00
57.00	CT SCAN	156,318	16,632,893	0.009398	2,585,387	24,297	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	32,151	3,252,905	0.009884	353,574	3,495	58.00
59.00	CARDIAC CATHETERIZATION	79,452	7,175,389	0.011073	3,233,723	35,807	59.00
60.00	LABORATORY	251,091	35,431,465	0.007087	9,639,732	68,317	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	141,366	7,024,560	0.020125	3,433,426	69,098	65.00
66.00	PHYSICAL THERAPY	28,423	2,222,306	0.012790	342,939	4,386	66.00
67.00	OCCUPATIONAL THERAPY	6,225	486,488	0.012796	244,052	3,123	67.00
68.00	SPEECH PATHOLOGY	3,935	320,078	0.012294	197,362	2,426	68.00
69.00	ELECTROCARDIOLOGY	80,223	7,514,085	0.010676	707,872	7,557	69.00
70.00	ELECTROENCEPHALOGRAPHY	16,524	272,730	0.060587	71,063	4,305	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	84,602	5,357,939	0.015790	878,795	13,876	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	104,697	6,261,600	0.016720	2,542,328	42,508	72.00
73.00	DRUGS CHARGED TO PATIENTS	129,538	22,015,451	0.005884	7,530,234	44,308	73.00
74.00	RENAL DIALYSIS	2,906	915,365	0.003175	561,998	1,784	74.00
75.03	CHEMICAL DEPENDENCY	0	0	0.000000	0	0	75.03
75.04	PAIN CLINIC	0	0	0.000000	0	0	75.04
76.00	SLEEP LAB	0	0	0.000000	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	2,852	1,147,076	0.002486	78,873	196	90.00
91.00	EMERGENCY	331,102	30,230,981	0.010952	3,014,599	33,016	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	107,654	2,244,673	0.047960	201,381	9,658	92.00
200.00	Total (lines 50-199)	2,388,487	184,351,888		41,717,603	499,537	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS      Provider CCN: 140292      Period: From 01/01/2011 To 12/31/2011      Worksheet D Part III Date/Time Prepared: 5/22/2012 12:06 pm

Cost Center Description	Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)			
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	0	43.00
200.00 Total (lines 30-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140292

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

Worksheet D  
Part III  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	Title XVIII			Hospital		PSA Adj. Nursing School	PPS
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
	6.00	7.00	8.00	9.00	11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	24,240	0.00	9,743	0	0	30.00
31.00	INTENSIVE CARE UNIT	2,851	0.00	1,576	0	0	31.00
40.00	SUBPROVIDER - IPF	5,140	0.00	4,159	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	NURSERY	924	0.00	0	0	0	43.00
200.00	Total (lines 30-199)	33,155		15,478	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/22/2012 12:06 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj.	PSA Adj. All		
	Allied Health Cost	Other Medical Education Cost		
	12.00	13.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS  
 Provider CCN: 140292  
 Period: From 01/01/2011 To 12/31/2011  
 Worksheet D Part IV  
 Date/Time Prepared: 5/22/2012 12:06 pm

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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00	
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00	
57.00 CT SCAN	0	0	0	0	0	0	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 LABORATORY	0	0	0	0	0	0	60.00	
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01	
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
75.03 CHEMICAL DEPENDENCY	0	0	0	0	0	0	75.03	
75.04 PAIN CLINIC	0	0	0	0	0	0	75.04	
76.00 SLEEP LAB	0	0	0	0	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00	
90.00 CLINIC	0	0	0	0	0	0	90.00	
91.00 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140292

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/22/2012 12:06 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	12,292,785	0.000000	0.000000	1,931,292	50.00
51.00 RECOVERY ROOM	0	2,035,725	0.000000	0.000000	247,585	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,587,576	0.000000	0.000000	9,931	52.00
53.00 ANESTHESIOLOGY	0	3,280,801	0.000000	0.000000	489,161	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	12,928,461	0.000000	0.000000	2,669,746	54.00
56.00 RADIOISOTOPE	0	3,720,556	0.000000	0.000000	752,550	56.00
57.00 CT SCAN	0	16,632,893	0.000000	0.000000	2,585,387	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	3,252,905	0.000000	0.000000	353,574	58.00
59.00 CARDIAC CATHETERIZATION	0	7,175,389	0.000000	0.000000	3,233,723	59.00
60.00 LABORATORY	0	35,431,465	0.000000	0.000000	9,639,732	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 RESPIRATORY THERAPY	0	7,024,560	0.000000	0.000000	3,433,426	65.00
66.00 PHYSICAL THERAPY	0	2,222,306	0.000000	0.000000	342,939	66.00
67.00 OCCUPATIONAL THERAPY	0	486,488	0.000000	0.000000	244,052	67.00
68.00 SPEECH PATHOLOGY	0	320,078	0.000000	0.000000	197,362	68.00
69.00 ELECTROCARDIOLOGY	0	7,514,085	0.000000	0.000000	707,872	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	272,730	0.000000	0.000000	71,063	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,357,939	0.000000	0.000000	878,795	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	6,261,600	0.000000	0.000000	2,542,328	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	22,015,451	0.000000	0.000000	7,530,234	73.00
74.00 RENAL DIALYSIS	0	915,365	0.000000	0.000000	561,998	74.00
75.03 CHEMICAL DEPENDENCY	0	0	0.000000	0.000000	0	75.03
75.04 PAIN CLINIC	0	0	0.000000	0.000000	0	75.04
76.00 SLEEP LAB	0	0	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	1,147,076	0.000000	0.000000	78,873	90.00
91.00 EMERGENCY	0	30,230,981	0.000000	0.000000	3,014,599	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,244,673	0.000000	0.000000	201,381	92.00
200.00 Total (lines 50-199)	0	184,351,888			41,717,603	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140292

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/22/2012 12:06 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	1,870,421	0	0	0	50.00
51.00 RECOVERY ROOM	0	372,800	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,990	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	431,908	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,297,647	0	0	0	54.00
56.00 RADIOISOTOPE	0	535,109	0	0	0	56.00
57.00 CT SCAN	0	2,036,549	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	550,873	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	829,219	0	0	0	59.00
60.00 LABORATORY	0	229,404	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	35,957	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	347,608	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	16,353	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	611,921	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	502,764	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	868,732	0	0	0	73.00
74.00 RENAL DIALYSIS	0	23,600	0	0	0	74.00
75.03 CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04 PAIN CLINIC	0	0	0	0	0	75.04
76.00 SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	145,701	0	0	0	90.00
91.00 EMERGENCY	0	2,528,220	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	342,090	0	0	0	92.00
200.00 Total (lines 50-199)	0	13,578,866	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140292

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	0			50.00
51.00	RECOVERY ROOM	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	ANESTHESIOLOGY	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0			54.00
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
60.01	BLOOD LABORATORY	0	0			60.01
65.00	RESPIRATORY THERAPY	0	0			65.00
66.00	PHYSICAL THERAPY	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	RENAL DIALYSIS	0	0			74.00
75.03	CHEMICAL DEPENDENCY	0	0			75.03
75.04	PAIN CLINIC	0	0			75.04
76.00	SLEEP LAB	0	0			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	CLINIC	0	0			90.00
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: 140292

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges		Hospital	PPS
			Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.268061	1,870,421	0	0	50.00
51.00	RECOVERY ROOM	0.267443	372,800	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.033141	1,990	0	0	52.00
53.00	ANESTHESIOLOGY	0.065511	431,908	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.145833	1,297,647	0	0	54.00
56.00	RADIOISOTOPE	0.120991	535,109	0	0	56.00
57.00	CT SCAN	0.070404	2,036,549	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.105286	550,873	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.218914	829,219	0	0	59.00
60.00	LABORATORY	0.115250	229,404	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0.204306	35,957	0	0	65.00
66.00	PHYSICAL THERAPY	0.305731	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.374840	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.286889	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.112381	347,608	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.838390	16,353	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.434642	611,921	270	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.439543	502,764	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211445	868,732	-2,034	9,480	73.00
74.00	RENAL DIALYSIS	0.333799	23,600	0	0	74.00
75.03	CHEMICAL DEPENDENCY	0.000000	0	0	0	75.03
75.04	PAIN CLINIC	0.000000	0	0	0	75.04
76.00	SLEEP LAB	0.000000	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.193014	145,701	0	0	90.00
91.00	EMERGENCY	0.164373	2,528,220	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.461029	342,090	0	0	92.00
200.00	Subtotal (see instructions)		13,578,866	-1,764	9,480	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		13,578,866	-1,764	9,480	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/22/2012 12:06 pm
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Cost Center Description	Costs			Hospital	PPS
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	501,387	0	0		50.00
51.00 RECOVERY ROOM	99,703	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,056	0	0		52.00
53.00 ANESTHESIOLOGY	28,295	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	189,240	0	0		54.00
56.00 RADIOISOTOPE	64,743	0	0		56.00
57.00 CT SCAN	143,381	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	57,999	0	0		58.00
59.00 CARDIAC CATHETERIZATION	181,528	0	0		59.00
60.00 LABORATORY	26,439	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	7,346	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	39,065	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	13,710	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	265,967	117	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	220,986	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	183,689	-430	2,004		73.00
74.00 RENAL DIALYSIS	7,878	0	0		74.00
75.03 CHEMICAL DEPENDENCY	0	0	0		75.03
75.04 PAIN CLINIC	0	0	0		75.04
76.00 SLEEP LAB	0	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	28,122	0	0		90.00
91.00 EMERGENCY	415,571	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	157,713	0	0		92.00
200.00 Subtotal (see instructions)	2,634,818	-313	2,004		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	2,634,818	-313	2,004		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/22/2012 12:06 pm
	Component CCN: 14S292	Title XVIII	Subprovider - IPF
			PPS

Cost Center Description	Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	521,694	12,292,785	0.042439	162	7	50.00
51.00 RECOVERY ROOM	36,964	2,035,725	0.018158	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	46,253	1,587,576	0.029134	0	0	52.00
53.00 ANESTHESIOLOGY	25,411	3,280,801	0.007745	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	134,991	12,928,461	0.010441	160,958	1,681	54.00
56.00 RADIOISOTOPE	64,115	3,720,556	0.017233	10,016	173	56.00
57.00 CT SCAN	156,318	16,632,893	0.009398	104,888	986	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	32,151	3,252,905	0.009884	3,583	35	58.00
59.00 CARDIAC CATHETERIZATION	79,452	7,175,389	0.011073	30,081	333	59.00
60.00 LABORATORY	251,091	35,431,465	0.007087	991,401	7,026	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00 RESPIRATORY THERAPY	141,366	7,024,560	0.020125	203,346	4,092	65.00
66.00 PHYSICAL THERAPY	28,423	2,222,306	0.012790	54,314	695	66.00
67.00 OCCUPATIONAL THERAPY	6,225	486,488	0.012796	54,406	696	67.00
68.00 SPEECH PATHOLOGY	3,935	320,078	0.012294	35,732	439	68.00
69.00 ELECTROCARDIOLOGY	80,223	7,514,085	0.010676	75,894	810	69.00
70.00 ELECTROENCEPHALOGRAPHY	16,524	272,730	0.060587	6,862	416	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	84,602	5,357,939	0.015790	4,993	79	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	104,697	6,261,600	0.016720	1,060	18	72.00
73.00 DRUGS CHARGED TO PATIENTS	129,538	22,015,451	0.005884	1,125,907	6,625	73.00
74.00 RENAL DIALYSIS	2,906	915,365	0.003175	32,450	103	74.00
75.03 CHEMICAL DEPENDENCY	0	0	0.000000	0	0	75.03
75.04 PAIN CLINIC	0	0	0.000000	0	0	75.04
76.00 SLEEP LAB	0	0	0.000000	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 CLINIC	2,852	1,147,076	0.002486	0	0	90.00
91.00 EMERGENCY	331,102	30,230,981	0.010952	100,243	1,098	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	107,654	2,244,673	0.047960	0	0	92.00
200.00 Total (lines 50-199)	2,388,487	184,351,888		2,996,296	25,312	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140292 Component CCN: 14S292	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/22/2012 12:06 pm
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Cost Center Description		Title XVIII				Subprovider - IPF	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.03	CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04	PAIN CLINIC	0	0	0	0	0	75.04
76.00	SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	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)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140292 Component CCN: 14S292	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/22/2012 12:06 pm
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Cost Center Description	Title XVIII		Subprovider - IPF		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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	12,292,785	0.000000	0.000000	162	50.00
51.00 RECOVERY ROOM	0	2,035,725	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,587,576	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	3,280,801	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	12,928,461	0.000000	0.000000	160,958	54.00
56.00 RADIOISOTOPE	0	3,720,556	0.000000	0.000000	10,016	56.00
57.00 CT SCAN	0	16,632,893	0.000000	0.000000	104,888	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	3,252,905	0.000000	0.000000	3,583	58.00
59.00 CARDIAC CATHETERIZATION	0	7,175,389	0.000000	0.000000	30,081	59.00
60.00 LABORATORY	0	35,431,465	0.000000	0.000000	991,401	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 RESPIRATORY THERAPY	0	7,024,560	0.000000	0.000000	203,346	65.00
66.00 PHYSICAL THERAPY	0	2,222,306	0.000000	0.000000	54,314	66.00
67.00 OCCUPATIONAL THERAPY	0	486,488	0.000000	0.000000	54,406	67.00
68.00 SPEECH PATHOLOGY	0	320,078	0.000000	0.000000	35,732	68.00
69.00 ELECTROCARDIOLOGY	0	7,514,085	0.000000	0.000000	75,894	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	272,730	0.000000	0.000000	6,862	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,357,939	0.000000	0.000000	4,993	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	6,261,600	0.000000	0.000000	1,060	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	22,015,451	0.000000	0.000000	1,125,907	73.00
74.00 RENAL DIALYSIS	0	915,365	0.000000	0.000000	32,450	74.00
75.03 CHEMICAL DEPENDENCY	0	0	0.000000	0.000000	0	75.03
75.04 PAIN CLINIC	0	0	0.000000	0.000000	0	75.04
76.00 SLEEP LAB	0	0	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	1,147,076	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	30,230,981	0.000000	0.000000	100,243	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,244,673	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	184,351,888			2,996,296	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/22/2012 12:06 pm
	Component CCN: 145292		

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,918	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	1,999	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	3,583	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	3,276	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	173	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,327	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.03	CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04	PAIN CLINIC	0	0	0	0	0	75.04
76.00	SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	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)	0	15,276	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140292  
Component CCN: 14S292

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/22/2012 12:06 pm

Title XVIII

Subprovider -  
IPF

PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
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
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.03	CHEMICAL DEPENDENCY	0	0	75.03
75.04	PAIN CLINIC	0	0	75.04
76.00	SLEEP LAB	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
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: 140292 Component CCN: 14S292	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/22/2012 12:06 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0.268061	0	0	0	50.00
51.00 RECOVERY ROOM	0.267443	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1.033141	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.065511	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.145833	3,918	0	0	54.00
56.00 RADIOISOTOPE	0.120991	0	0	0	56.00
57.00 CT SCAN	0.070404	1,999	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.105286	3,583	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.218914	0	0	0	59.00
60.00 LABORATORY	0.115250	0	0	0	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0.204306	0	0	0	65.00
66.00 PHYSICAL THERAPY	0.305731	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.374840	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0.286889	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.112381	3,276	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.838390	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.434642	173	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.439543	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.211445	2,327	0	0	73.00
74.00 RENAL DIALYSIS	0.333799	0	0	0	74.00
75.03 CHEMICAL DEPENDENCY	0.000000	0	0	0	75.03
75.04 PAIN CLINIC	0.000000	0	0	0	75.04
76.00 SLEEP LAB	0.000000	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0.000000				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 CLINIC	0.193014	0	0	0	90.00
91.00 EMERGENCY	0.164373	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.461029	0	0	0	92.00
200.00 Subtotal (see instructions)		15,276	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		15,276	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/22/2012 12:06 pm
	Component CCN: 14S292	Title XVIII	Subprovider - IPF
			PPS

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	571	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	141	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	377	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	368	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	75	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	492	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
75.03 CHEMICAL DEPENDENCY	0	0	0	75.03
75.04 PAIN CLINIC	0	0	0	75.04
76.00 SLEEP LAB	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Subtotal (see instructions)	2,024	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	2,024	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/22/2012 12:06 pm
	Component CCN: 14S292		

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	521,694	12,292,785	0.042439	0	0	50.00
51.00	RECOVERY ROOM	36,964	2,035,725	0.018158	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	46,253	1,587,576	0.029134	0	0	52.00
53.00	ANESTHESIOLOGY	25,411	3,280,801	0.007745	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	134,991	12,928,461	0.010441	0	0	54.00
56.00	RADIOISOTOPE	64,115	3,720,556	0.017233	0	0	56.00
57.00	CT SCAN	156,318	16,632,893	0.009398	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	32,151	3,252,905	0.009884	0	0	58.00
59.00	CARDIAC CATHETERIZATION	79,452	7,175,389	0.011073	0	0	59.00
60.00	LABORATORY	251,091	35,431,465	0.007087	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	141,366	7,024,560	0.020125	0	0	65.00
66.00	PHYSICAL THERAPY	28,423	2,222,306	0.012790	0	0	66.00
67.00	OCCUPATIONAL THERAPY	6,225	486,488	0.012796	0	0	67.00
68.00	SPEECH PATHOLOGY	3,935	320,078	0.012294	0	0	68.00
69.00	ELECTROCARDIOLOGY	80,223	7,514,085	0.010676	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	16,524	272,730	0.060587	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	84,602	5,357,939	0.015790	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	104,697	6,261,600	0.016720	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	129,538	22,015,451	0.005884	0	0	73.00
74.00	RENAL DIALYSIS	2,906	915,365	0.003175	0	0	74.00
75.03	CHEMICAL DEPENDENCY	0	0	0.000000	0	0	75.03
75.04	PAIN CLINIC	0	0	0.000000	0	0	75.04
76.00	SLEEP LAB	0	0	0.000000	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	2,852	1,147,076	0.002486	0	0	90.00
91.00	EMERGENCY	331,102	30,230,981	0.010952	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,244,673	0.000000	0	0	92.00
200.00	Total (lines 50-199)	2,280,833	184,351,888		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140292 Component CCN: 145292	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/22/2012 12:06 pm
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Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	0	0	0	0
51.00 RECOVERY ROOM	0	0	0	0	0
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 ANESTHESIOLOGY	0	0	0	0	0
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
56.00 RADIOISOTOPE	0	0	0	0	0
57.00 CT SCAN	0	0	0	0	0
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 LABORATORY	0	0	0	0	0
60.01 BLOOD LABORATORY	0	0	0	0	0
65.00 RESPIRATORY THERAPY	0	0	0	0	0
66.00 PHYSICAL THERAPY	0	0	0	0	0
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 SPEECH PATHOLOGY	0	0	0	0	0
69.00 ELECTROCARDIOLOGY	0	0	0	0	0
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 RENAL DIALYSIS	0	0	0	0	0
75.03 CHEMICAL DEPENDENCY	0	0	0	0	0
75.04 PAIN CLINIC	0	0	0	0	0
76.00 SLEEP LAB	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 CLINIC	0	0	0	0	0
91.00 EMERGENCY	0	0	0	0	0
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
200.00 Total (lines 50-199)	0	0	0	0	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140292  
Component CCN: 14S292

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	12,292,785	0.000000	0.000000	0	50.00
51.00	RECOVERY ROOM	0	2,035,725	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,587,576	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	3,280,801	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	12,928,461	0.000000	0.000000	0	54.00
56.00	RADIOISOTOPE	0	3,720,556	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	16,632,893	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	3,252,905	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	7,175,389	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	35,431,465	0.000000	0.000000	0	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	RESPIRATORY THERAPY	0	7,024,560	0.000000	0.000000	0	65.00
66.00	PHYSICAL THERAPY	0	2,222,306	0.000000	0.000000	0	66.00
67.00	OCCUPATIONAL THERAPY	0	486,488	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	320,078	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	7,514,085	0.000000	0.000000	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	272,730	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,357,939	0.000000	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	6,261,600	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	22,015,451	0.000000	0.000000	0	73.00
74.00	RENAL DIALYSIS	0	915,365	0.000000	0.000000	0	74.00
75.03	CHEMICAL DEPENDENCY	0	0	0.000000	0.000000	0	75.03
75.04	PAIN CLINIC	0	0	0.000000	0.000000	0	75.04
76.00	SLEEP LAB	0	0	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	1,147,076	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	30,230,981	0.000000	0.000000	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,244,673	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	184,351,888			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140292  
Component CCN: 145292

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/22/2012 12:06 pm

Title XIX

Subprovider -  
IPF

Tefra

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.03	CHEMICAL DEPENDENCY	0	0	0	0	0	75.03
75.04	PAIN CLINIC	0	0	0	0	0	75.04
76.00	SLEEP LAB	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	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)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140292 Component CCN: 14S292	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/22/2012 12:06 pm
	Title XIX	Subprovider - IPF	Tefra

Cost Center Description	PSA Adj.	PSA Adj. All		
	Allied Health	Other Medical Education Cost		
	23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
60.01 BLOOD LABORATORY	0	0		60.01
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.03 CHEMICAL DEPENDENCY	0	0		75.03
75.04 PAIN CLINIC	0	0		75.04
76.00 SLEEP LAB	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 CLINIC	0	0		90.00
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

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140292

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

Worksheet D-1

Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description		Title XVIII	Hospital	PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			24,240 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			24,240 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)			24,240 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)			9,743 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			19,370,685 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)			19,370,685 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)			32,015,727 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			32,015,727 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.605037 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)			1,320.78 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)			19,370,685 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			799.12 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			7,785,826 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)			7,785,826 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140292

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

Worksheet D-1

Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	Title XVIII			Hospital		PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	4,437,322	2,851	1,556.41	1,576	2,452,902		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
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					8,121,127		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					18,359,855		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					995,289		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					499,537		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,494,826		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,865,029		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					1,295		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					799.12		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,034,860		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140292

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

Worksheet D-1  
Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		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	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
90.00 Capital-related cost	2,015,085	19,370,685	0.104028	1,034,860	107,654	90.00
91.00 Nursing School cost	0	19,370,685	0.000000	1,034,860	0	91.00
92.00 Allied health cost	0	19,370,685	0.000000	1,034,860	0	92.00
93.00 All other Medical Education	0	19,370,685	0.000000	1,034,860	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140292

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

Worksheet D-1

Component CCN: 14S292

Date/Time Prepared:  
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Title XVIII

Subprovider -  
IPF

PPS

Cost Center Description

Cost Center Description		1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>			
<b>INPATIENT DAYS</b>			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,140	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,140	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)	5,140	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)	4,159	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
<b>SWING BED ADJUSTMENT</b>			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	5,151,664	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	5,151,664	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>			
28.00	General inpatient routine service charges (excluding swing-bed charges)	7,812,800	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	7,812,800	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.659388	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)	1,520.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,151,664	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>			
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,002.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,168,441	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)	4,168,441	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140292

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

Worksheet D-1

Component CCN: 14S292

Date/Time Prepared:  
5/22/2012 12:06 pm

Title XVIII

Subprovider -  
IPF

PPS

42.00	NURSERY (title V & XIX only)	Total	Total	Average Per	Program Days	Program Cost	42.00
		Inpatient Cost	Inpatient Days	Diem (col. 1 + col. 2)		(col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	<b>Intensive Care Type Inpatient Hospital Units</b>						
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
	<b>Cost Center Description</b>					1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					524,423	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,692,864	49.00
	<b>PASS THROUGH COST ADJUSTMENTS</b>						
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					584,755	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					25,312	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					610,067	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,082,797	53.00
	<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>						
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
	<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>						
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
	<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>						
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
	<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
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: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
Component CCN: 14S292		Date/Time Prepared: 5/22/2012 12:06 pm
Title XVIII		Subprovider - IPF
		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	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
90.00 Capital-related cost	722,702	5,151,664	0.140285	0	0	90.00
91.00 Nursing School cost	0	5,151,664	0.000000	0	0	91.00
92.00 Allied health cost	0	5,151,664	0.000000	0	0	92.00
93.00 All other Medical Education	0	5,151,664	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140292

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

Worksheet D-1

Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	Title XIX	Hospital	Cost	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,240	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,240	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)		24,240	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,367	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)		924	15.00
16.00	Nursery days (title v or XIX only)		854	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		19,370,685	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)		19,370,685	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		32,015,727	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		32,015,727	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.605037	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)		1,320.78	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)		19,370,685	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		799.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,887,117	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)		5,887,117	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140292

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

Worksheet D-1

Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	Title XIX				Hospital		Program Cost (col. 3 x col. 4)	
	Total	Total	Average Per	Hospital	Program Days	Program Cost		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)					
1.00	2.00	3.00	4.00	5.00				
42.00 NURSERY (title V & XIX only)	830,999	924	899.35	854	768,045	42.00		
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00 INTENSIVE CARE UNIT	4,437,322	2,851	1,556.41	359	558,751	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		
<b>Cost Center Description</b>								
					1.00			
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					0	48.00		
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,213,913	49.00		
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					0	50.00		
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					0	51.00		
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00		
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00		
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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		
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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		
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>								
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		
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00 Total observation bed days (see instructions)					1,295	87.00		
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					799.12	88.00		
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,034,860	89.00		

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140292

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

Worksheet D-1

Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description	Cost	Title XIX		Hospital	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	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
90.00 Capital-related cost	0	0	0.000000	0	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14S292	Date/Time Prepared: 5/22/2012 12:06 pm	
		Title XIX	Subprovider - IPF	Tefra
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,140	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,140	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)		5,140	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)		57	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)		924	15.00
16.00	Nursery days (title V or XIX only)		854	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,151,664	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,151,664	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		7,812,800	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		7,812,800	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.659388	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)		1,520.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,151,664	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,002.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		57,129	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)		57,129	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140292

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

Worksheet D-1

Component CCN: 14S292

Date/Time Prepared:  
5/22/2012 12:06 pm

Title XIX

Subprovider -  
IPF

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Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)		(col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>						
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)					0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					57,129	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					57,129	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>						
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)					-57,129	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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>						
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>						
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
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: 140292

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

Worksheet D-1

Component CCN: 14S292

Date/Time Prepared:  
5/22/2012 12:06 pm

Title XIX

Subprovider -  
IPF

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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	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
90.00	Capital-related cost	0	5,151,664	0.000000	0	0	90.00
91.00	Nursing School cost	0	5,151,664	0.000000	0	0	91.00
92.00	Allied health cost	0	5,151,664	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,151,664	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/22/2012 12:06 pm
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Cost Center Description	Title XVIII		Hospital		PPS
	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
	1.00	2.00	3.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS					
31.00 INTENSIVE CARE UNIT			13,604,466		30.00
40.00 SUBPROVIDER - IPF			3,576,253		31.00
41.00 SUBPROVIDER - IRF			0		40.00
42.00 SUBPROVIDER			0		41.00
43.00 NURSERY			0		42.00
43.00 NURSERY					43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0.268061		1,931,292	517,704	50.00
51.00 RECOVERY ROOM	0.267443		247,585	66,215	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1.033141		9,931	10,260	52.00
53.00 ANESTHESIOLOGY	0.065511		489,161	32,045	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.145833		2,669,746	389,337	54.00
56.00 RADIOISOTOPE	0.120991		752,550	91,052	56.00
57.00 CT SCAN	0.070404		2,585,387	182,022	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.105286		353,574	37,226	58.00
59.00 CARDIAC CATHETERIZATION	0.218914		3,233,723	707,907	59.00
60.00 LABORATORY	0.115250		9,639,732	1,110,979	60.00
60.01 BLOOD LABORATORY	0.000000		0	0	60.01
65.00 RESPIRATORY THERAPY	0.204306		3,433,426	701,470	65.00
66.00 PHYSICAL THERAPY	0.305731		342,939	104,847	66.00
67.00 OCCUPATIONAL THERAPY	0.374840		244,052	91,480	67.00
68.00 SPEECH PATHOLOGY	0.286889		197,362	56,621	68.00
69.00 ELECTROCARDIOLOGY	0.112381		707,872	79,551	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.838390		71,063	59,579	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.434642		878,795	381,961	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.439543		2,542,328	1,117,462	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.211445		7,530,234	1,592,230	73.00
74.00 RENAL DIALYSIS	0.333799		561,998	187,594	74.00
75.03 CHEMICAL DEPENDENCY	0.000000		0	0	75.03
75.04 PAIN CLINIC	0.000000		0	0	75.04
76.00 SLEEP LAB	0.000000		0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0.000000			0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0	89.00
90.00 CLINIC	0.193014		78,873	15,224	90.00
91.00 EMERGENCY	0.164373		3,014,599	495,519	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.461029		201,381	92,842	92.00
200.00 Total (sum of lines 50-94 and 96-98)			41,717,603	8,121,127	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)			41,717,603		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140292 Component CCN: 14S292	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/22/2012 12:06 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		6,339,119		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.268061	162	43	50.00
51.00	RECOVERY ROOM	0.267443	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.033141	0	0	52.00
53.00	ANESTHESIOLOGY	0.065511	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.145833	160,958	23,473	54.00
56.00	RADIOISOTOPE	0.120991	10,016	1,212	56.00
57.00	CT SCAN	0.070404	104,888	7,385	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.105286	3,583	377	58.00
59.00	CARDIAC CATHETERIZATION	0.218914	30,081	6,585	59.00
60.00	LABORATORY	0.115250	991,401	114,259	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.204306	203,346	41,545	65.00
66.00	PHYSICAL THERAPY	0.305731	54,314	16,605	66.00
67.00	OCCUPATIONAL THERAPY	0.374840	54,406	20,394	67.00
68.00	SPEECH PATHOLOGY	0.286889	35,732	10,251	68.00
69.00	ELECTROCARDIOLOGY	0.112381	75,894	8,529	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.838390	6,862	5,753	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.434642	4,993	2,170	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.439543	1,060	466	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211445	1,125,907	238,067	73.00
74.00	RENAL DIALYSIS	0.333799	32,450	10,832	74.00
75.03	CHEMICAL DEPENDENCY	0.000000	0	0	75.03
75.04	PAIN CLINIC	0.000000	0	0	75.04
76.00	SLEEP LAB	0.000000	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.193014	0	0	90.00
91.00	EMERGENCY	0.164373	100,243	16,477	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.461029	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,996,296	524,423	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)		2,996,296		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/22/2012 12:06 pm
Title XVIII	Hospital	PPS

		1.00	
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>			
1.00	DRG Amounts Other than Outlier Payments	12,137,494	1.00
2.00	Outlier payments for discharges. (see instructions)	153,108	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)	117.45	4.00
<b>Indirect Medical Education Adjustment</b>			
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>			
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	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
<b>Disproportionate Share Adjustment</b>			
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	8.41	30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)	36.69	31.00
32.00	Sum of lines 30 and 31	45.10	32.00
33.00	Allowable disproportionate share percentage (see instructions)	26.42	33.00
34.00	Disproportionate share adjustment (see instructions)	3,206,726	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>			
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	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)	15,497,328	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)	15,497,328	49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)	1,114,079	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: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/22/2012 12:06 pm
Title XVIII	Hospital	PPS

		1.00	
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)	0	58.00
59.00	Total (sum of amounts on lines 49 through 58)	16,611,407	59.00
60.00	Primary payer payments	3,156	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	16,608,251	61.00
62.00	Deductibles billed to program beneficiaries	1,035,172	62.00
63.00	Coinsurance billed to program beneficiaries	184,799	63.00
64.00	Allowable bad debts (see instructions)	268,371	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	187,860	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	178,025	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	15,576,140	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)	15,576,140	71.00
72.00	Interim payments	16,350,028	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)	-773,888	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	331,748	75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>			
90.00	Operating outlier amount from worksheet E, Part A line 2	0	90.00
91.00	Capital outlier from worksheet L, Part I, line 2	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0	93.00
94.00	The rate used to calculate the Time Value of Money	0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)	0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140292    Period: From 01/01/2011 To 12/31/2011    Worksheet E Part B Date/Time Prepared: 5/22/2012 12:06 pm

		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		1,691	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,634,818	2.00
3.00	PPS payments		2,092,079	3.00
4.00	Outlier payment (see instructions)		16,975	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)		1,691	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		7,716	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)		7,716	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		7,716	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		6,025	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)		1,691	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)		2,109,054	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		54	25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)		513,862	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)		1,596,829	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)		1,596,829	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,596,829	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		207,631	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		145,342	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		190,120	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		1,742,171	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)		1,742,171	40.00
41.00	Interim payments		1,685,170	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)		57,001	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/22/2012 12:06 pm
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Title XVIII	Hospital	PPS	Overrides
			1.00

WORKSHEET OVERRIDE VALUES

112.00	override of Ancillary service charges (line 12)	0	112.00
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CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/22/2012 12:06 pm
Component CCN: 14S292	Title XVIII	Subprovider - IPF

		1.00	
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>			
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	2,024	2.00
3.00	PPS payments	1,400	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>Reasonable charges</b>			
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
<b>Customary charges</b>			
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	1,400	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)	386	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)	1,014	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)	1,014	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,014	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>			
33.00	Composite rate ESRD (from worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	1,014	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)	1,014	40.00
41.00	Interim payments	1,014	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>			
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140292 Component CCN: 14S292	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/22/2012 12:06 pm
	Title XVIII	Subprovider - IPF	PPS
			Overrides 1.00
<b>WORKSHEET OVERRIDE VALUES</b>			
112.00 Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140292

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/22/2012 12:06 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						
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		16,128,080		1,672,743	1.00	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
<b>Program to Provider</b>							
3.01	ADJUSTMENTS TO PROVIDER	09/07/2011	221,948	09/07/2011	12,427	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	
<b>Provider to Program</b>							
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)		221,948		12,427	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)		16,350,028		1,685,170	4.00	
<b>TO BE COMPLETED BY CONTRACTOR</b>							
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
<b>Program to Provider</b>							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
<b>Provider to Program</b>							
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		57,001	6.01	
6.02	SETTLEMENT TO PROGRAM		773,888		0	6.02	
7.00	Total Medicare program liability (see instructions)		15,576,140		1,742,171	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: 140292  
Component CCN: 14S292

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/22/2012 12:06 pm

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					
2.00	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		3,443,997		1,014	1.00
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	2.00
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
<b>Provider to Program</b>						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or Wkst. E-3, line and column as appropriate)		3,443,997		1,014	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
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		151,271		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,595,268		1,014	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/22/2012 12:06 pm
Title XVIII	Hospital	PPS

		1.00	
<b>DATA COLLECTION NEEDED FOR THE HIT CALCULATION</b>			
1.00	Total hospital discharges as defined in AARA §4102 from wkst S-3, Part I column 15 line 14	5,018	1.00
2.00	Medicare days from wkst S-3, Part I, column 6 sum of lines 1, 8-12	11,319	2.00
3.00	Medicare HMO days from wkst S-3, Part I, column 6. line 2	354	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	25,796	4.00
5.00	Total hospital charges from wkst C, Part I, column 8 line 200	231,731,900	5.00
6.00	Total hospital charity care charges from wkst S-10, column 3 line 20	11,903,169	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,323,141	8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>			
30.00	Initial/interim HIT payment(s)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)	1,323,141	32.00
		<b>overrides</b>	
		1.00	
<b>CONTRACTOR OVERRIDES</b>			
108.00	Override of HIT payment		0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/22/2012 12:06 pm
		Component CCN: 14S292	Title XVIII	Subprovider - IPF
				PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		3,495,805	1.00
2.00	Net IPF PPS Outlier Payments		142,704	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		14.082192	9.00
10.00	Medical Education Adjustment Factor {(1 + (line 8/line 9)) raised to the power of .5150 -1}.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		3,638,509	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		3,638,509	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		3,638,509	18.00
19.00	Deductibles		139,044	19.00
20.00	Subtotal (line 18 minus line 19)		3,499,465	20.00
21.00	Coinsurance		55,468	21.00
22.00	Subtotal (line 20 minus line 21)		3,443,997	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		216,101	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		151,271	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		210,062	25.00
26.00	Subtotal (sum of lines 22 and 24)		3,595,268	26.00
27.00	Direct graduate medical education payments (from worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		3,595,268	31.00
32.00	Interim payments		3,443,997	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		151,271	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/22/2012 12:06 pm
Title XIX	Hospital	Cost

		1.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>			
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1.00	Inpatient hospital/SNF/NF services	7,213,913	1.00
2.00	Medical and other services	0	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	7,213,913	4.00
5.00	Inpatient primary payer payments	0	5.00
6.00	Outpatient primary payer payments	0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	7,213,913	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>Reasonable Charges</b>			
8.00	Routine service charges	0	8.00
9.00	Ancillary service charges	0	9.00
10.00	Organ acquisition charges, net of revenue	0	10.00
11.00	Incentive from target amount computation	0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	12.00
<b>CUSTOMARY CHRGES</b>			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	15.00
16.00	Total customary charges (see instructions)	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	7,213,913	18.00
19.00	Interns and Residents (see instructions)	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22.00	Other than outlier payments	0	22.00
23.00	Outlier payments	0	23.00
24.00	Program capital payments	0	24.00
25.00	Capital exception payments (see instructions)	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30.00	Excess of reasonable cost (from line 18)	7,213,913	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	31.00
32.00	Deductibles	0	32.00
33.00	Coinsurance	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Utilization review	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	40.00
41.00	Interim payments	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

## CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140292

Period:

Worksheet E-3

Component CCN: 14S292

From 01/01/2011

Part VII

To 12/31/2011

Date/Time Prepared:

5/22/2012 12:06 pm

Title XIX

Subprovider -  
IPF

Tefra

1.00

**PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES****COMPUTATION OF NET COST OF COVERED SERVICES**

1.00	Inpatient hospital/SNF/NF services	0	1.00
2.00	Medical and other services	0	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	4.00
5.00	Inpatient primary payer payments	0	5.00
6.00	Outpatient primary payer payments	0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	7.00

**COMPUTATION OF LESSER OF COST OR CHARGES****Reasonable Charges**

8.00	Routine service charges	0	8.00
9.00	Ancillary service charges	0	9.00
10.00	Organ acquisition charges, net of revenue	0	10.00
11.00	Incentive from target amount computation	0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	12.00

**CUSTOMARY CHRGES**

13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	15.00
16.00	Total customary charges (see instructions)	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	18.00
19.00	Interns and Residents (see instructions)	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	21.00

**PROSPECTIVE PAYMENT AMOUNT**

22.00	Other than outlier payments	0	22.00
23.00	Outlier payments	0	23.00
24.00	Program capital payments	0	24.00
25.00	Capital exception payments (see instructions)	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.	0	29.00

**COMPUTATION OF REIMBURSEMENT SETTLEMENT**

30.00	Excess of reasonable cost (from line 18)	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	31.00
32.00	Deductibles	0	32.00
33.00	Coinsurance	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Utilization review	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	40.00
41.00	Interim payments	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

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

Provider CCN: 140292

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

Worksheet G

Date/Time Prepared:  
5/22/2012 12:06 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	13,682,274	0	0	0	1.00
2.00	Temporary investments	4,620,905	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	10,831,451	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-4,141,773	0	0	0	6.00
7.00	Inventory	2,609,433	0	0	0	7.00
8.00	Prepaid expenses	217,050	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	27,819,340	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,869,112	0	0	0	12.00
13.00	Land improvements	78,294	0	0	0	13.00
14.00	Accumulated depreciation	-61,218	0	0	0	14.00
15.00	Buildings	24,908,573	0	0	0	15.00
16.00	Accumulated depreciation	-9,653,258	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	7,163,961	0	0	0	19.00
20.00	Accumulated depreciation	-6,055,511	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	8,971,785	0	0	0	23.00
24.00	Accumulated depreciation	-5,743,727	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	21,478,011	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	586,949	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	186,665	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	773,614	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	50,070,965	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	4,822,046	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,826,351	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	839,477	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,240,925	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,728,799	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	11,972,590	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	20,444	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	11,993,034	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	23,721,833	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	26,349,132				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)	26,349,132	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	50,070,965	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140292

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

Worksheet G-1

Date/Time Prepared:  
5/22/2012 12:06 pm

	General Fund		Special Purpose Fund		
	1.00	2.00	3.00	4.00	
	1.00				
2.00		24,076,697		0	2.00
3.00		2,016,056		0	3.00
4.00		26,092,753		0	4.00
5.00	256,379		0	0	5.00
6.00	0		0	0	6.00
7.00	0		0	0	7.00
8.00	0		0	0	8.00
9.00	0		0	0	9.00
10.00		256,379		0	10.00
11.00		26,349,132		0	11.00
12.00	0		0	0	12.00
13.00	0		0	0	13.00
14.00	0		0	0	14.00
15.00	0		0	0	15.00
16.00	0		0	0	16.00
17.00	0		0	0	17.00
18.00		0		0	18.00
19.00		26,349,132		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140292

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

Worksheet G-1

Date/Time Prepared:  
5/22/2012 12:06 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140292

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

Worksheet G-2 Parts

Date/Time Prepared:  
5/22/2012 12:06 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	32,015,727		32,015,727	1.00
2.00	SUBPROVIDER - IPF	7,812,800		7,812,800	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	39,828,527		39,828,527	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	6,720,605		6,720,605	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)	6,720,605		6,720,605	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	46,549,132		46,549,132	17.00
18.00	Ancillary services	90,484,854	63,636,047	154,120,901	18.00
19.00	Outpatient services	7,536,147	22,694,834	30,230,981	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROF FEES	0	347,207	347,207	27.00
27.01	NURSERY	830,880	0	830,880	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	145,401,013	86,678,088	232,079,101	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per wkst. A, column 3, line 200)		81,716,783		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		81,716,783		43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140292

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

Worksheet G-3

Date/Time Prepared:  
5/22/2012 12:06 pm

1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	1.00	
2.00	Less contractual allowances and discounts on patients' accounts	232,079,101	1.00
3.00	Net patient revenues (line 1 minus line 2)	157,310,699	2.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	74,768,402	3.00
5.00	Net income from service to patients (line 3 minus line 4)	81,716,783	4.00
	<b>OTHER INCOME</b>	-6,948,381	5.00
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	0	
25.00	Total other income (sum of lines 6-24)	8,964,437	24.00
26.00	Total (line 5 plus line 25)	8,964,437	25.00
27.00	OTHER EXPENSES (SPECIFY)	2,016,056	26.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	27.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	0	28.00
		2,016,056	29.00

		Provider CCN: 140292	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/22/2012 12:06 pm
		Title XVIII	Hospital	PPS
<b>PART I - FULLY PROSPECTIVE METHOD</b>				1.00
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier			
2.00	Capital DRG outlier payments		985,522	1.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		34,341	2.00
4.00	Number of interns & residents (see instructions)		70.67	3.00
5.00	Indirect medical education percentage (see instructions)		0.00	4.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0.00	5.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0	6.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)		8.41	7.00
9.00	Sum of lines 7 and 8		36.69	8.00
10.00	Allowable disproportionate share percentage (see instructions)		45.10	9.00
11.00	Disproportionate share adjustment (line 1 times line 10)		9.56	10.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		94,216	11.00
				1,114,079
				12.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				1.00
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				1.00
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