

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: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/29/2012 4:48 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2012 Time: 4:48 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

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

Title

Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-1,453,274	-12,344	0	0	1.00
2.00 Subprovider - IPF	0	84,307	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	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	-1,368,967	-12,344	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 4:39 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 5454 HOMAN AVENUE			PO Box:						1.00	
2.00	City: HAMMOND			State: IN		Zip Code: 46320		County: LAKE		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		FRANCISCAN ST MARGARET-HAMMOND	150004	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		FRANCISCAN ST MARGARET - HAMMOND PSY	155004	23844	4	01/01/2002	N	P	P	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		FRANCISCAN ST MARGARET - HAMMOND HHA	157145	23844		04/11/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:		To:		
							1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011		12/31/2011		20.00
21.00	Type of Control (see instructions)								1		21.00
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						1		N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this is an IPPS provider, enter the in-State Medicaid paid days in column 1, the in-State Medicaid eligible but unpaid days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible but unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days. Do not include swing-bed, observation or hospice days in any columns on this line.			1,821	646	1,901	1,699	1,268	0		24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in-State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.			0	0	0	0	0	0		25.00
							Urban/Rural S		Date of Geogr		
							1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.								1		26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.								1		27.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 4:39 pm	
			Urban/Rural S	Date of Geogr	
			1.00	2.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0		35.00
			Beginning:	Ending:	
			1.00	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	XVIII	XIX
			1.00	2.00	3.00
Prospective Payment System (PPS)-Capital					
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	Y	N
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
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
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N
Teaching Hospitals					
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.		N		57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.		N		58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.		N		59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		Y		60.00
			Y/N	IME Average	Direct GME Average
			1.00	2.00	3.00
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		N	0.00	0.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00		62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings					
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)		N		63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
			1.00	2.00	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
			Program Name	Program Code	Unweighted FTEs Nonprovider Site
			1.00	2.00	3.00
				Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
				4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150004

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2012 4:39 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. (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
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	If line 63 is yes, then, for each primary care residency program in which you are training residents, 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. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 4:39 pm	
		1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
		V		XIX	
		1.00		2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical		Occupational	
		1.00		2.00	
		Speech		Respiratory	
		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	Y	N	N	N
		1.00		2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2		118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	0	0	0	118.01
		1.00	2.00		
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: FRANCISCAN ALLIANCE, INC	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number:	
142.00	Street: 1515 DRAGOON TRAIL	PO Box:			
143.00	City: MISHAWAKA	State:		Zip Code: 46546	
				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, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N	145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
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	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER	N	N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150004

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2012 4:39 pm

		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				N	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 4:39 pm
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/04/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 4:39 pm
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		Part A			
		Description	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	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		Y		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00	3.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.				41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150004

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2012 4:39 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/04/2012	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: 150004

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 4:39 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	153	58,601	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)		153	58,601	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	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 NEWBORN INTENSIVE CARE UNIT	35.00	0	48	0.00	12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		173	65,949	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,790		16.00
17.00 SUBPROVIDER - IRF					17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
25.10 CMHC - CORF	99.10				25.10
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		219			27.00
28.00 Observation Bed Days					28.00
28.01 SUBPROVIDER - IPF	40.00				28.01
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: 150004

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 4:39 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	20,527	6,419	33,958		1.00
2.00 HMO		954	0			2.00
3.00 HMO IPF		37	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	20,527	6,419	33,958		7.00
8.00 INTENSIVE CARE UNIT	0	2,217	722	3,817		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 NEWBORN INTENSIVE CARE UNIT	0	0	0	0		12.00
13.00 NURSERY	0		194	1,028		13.00
14.00 Total (see instructions)	0	22,744	7,335	38,803		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	1,650	2,927	9,123		16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						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	20,797	666	27,467		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	2,454		28.00
28.01 SUBPROVIDER - IPF				0		28.01
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)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150004

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 4:39 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	4,139	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	5.83	1,246.01	0.00	0	4,139	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	46.99	0.00	0	329	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						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	42.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	5.83	1,335.00	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
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: 150004

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 4:39 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,790	7,763		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 NEWBORN INTENSIVE CARE UNIT				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	1,790	7,763		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	598	2,187		16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/29/2012 4:39 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	68,348,649	0	68,348,649	2,630,313.00 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A		0	0	0	0.00 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		0	0	0	0.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00 7.00
7.01	Contracted interns and residents (in approved programs)		0	690,872	690,872	12,126.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		8,538,049	0	8,538,049	290,456.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		986,331	0	986,331	16,763.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		349,076	0	349,076	2,651.00 13.00
14.00	Home office salaries & wage-related costs		7,270,663	0	7,270,663	138,850.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		22,810,478	0	22,810,478	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	18.00
19.00	Excluded areas		3,634,447	0	3,634,447	19.00
20.00	Non-physician anesthetist Part A		0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	21.00
22.00	Physician Part A		0	0	0	22.00
23.00	Physician Part B		0	0	0	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	1,661,017	0	1,661,017	52,575.00 26.00
27.00	Administrative & General	5.00	5,719,484	0	5,719,484	381,889.00 27.00
28.00	Administrative & General under contract (see inst.)		1,007,274	0	1,007,274	33,026.00 28.00
29.00	Maintenance & Repairs	6.00	1,543,860	0	1,543,860	96,835.00 29.00
30.00	Operation of Plant	7.00	295,672	0	295,672	19,971.00 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00 31.00
32.00	Housekeeping	9.00	1,494,630	0	1,494,630	124,978.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	856,343	-480,717	375,626	36,543.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	480,717	480,717	46,744.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	3,197,702	0	3,197,702	98,498.00 38.00
39.00	Central Services and Supply	14.00	447,247	0	447,247	30,420.00 39.00
40.00	Pharmacy	15.00	2,157,546	-115,459	2,042,087	59,638.00 40.00
41.00	Medical Records & Medical Records Library	16.00	1,269,433	0	1,269,433	95,968.00 41.00
42.00	Social Service	17.00	0	0	0	0.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/29/2012 4:39 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	25.98	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	56.97	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	29.40	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	58.84	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	131.68	13.00
14.00	Home office salaries & wage-related costs	52.36	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	31.59	26.00
27.00	Administrative & General	14.98	27.00
28.00	Administrative & General under contract (see inst.)	30.50	28.00
29.00	Maintenance & Repairs	15.94	29.00
30.00	Operation of Plant	14.81	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	11.96	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	10.28	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	10.28	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	32.46	38.00
39.00	Central Services and Supply	14.70	39.00
40.00	Pharmacy	34.24	40.00
41.00	Medical Records & Medical Records Library	13.23	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part III Date/Time Prepared: 5/29/2012 4:39 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	69,355,923	-690,872	68,665,051	2,651,213.00		1.00
2.00	Excluded area salaries (see instructions)	8,538,049	0	8,538,049	290,456.00		2.00
3.00	Subtotal salaries (line 1 minus line 2)	60,817,874	-690,872	60,127,002	2,360,757.00		3.00
4.00	Subtotal other wages & related costs (see inst.)	8,606,070	0	8,606,070	158,264.00		4.00
5.00	Subtotal wage-related costs (see inst.)	22,810,478	0	22,810,478	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	92,234,422	-690,872	91,543,550	2,519,021.00		6.00
7.00	Total overhead cost (see instructions)	19,650,208	-115,459	19,534,749	1,077,085.00		7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/29/2012 4:39 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	

PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	25.90	1.00
2.00	Excluded area salaries (see instructions)	29.40	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25.47	3.00
4.00	Subtotal other wages & related costs (see inst.)	54.38	4.00
5.00	Subtotal wage-related costs (see inst.)	37.94	5.00
6.00	Total (sum of lines 3 thru 5)	36.34	6.00
7.00	Total overhead cost (see instructions)	18.14	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2012 4:39 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		8,190,708	3.00
4.00	Prior Year Pension Service Cost			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		10,556,947	8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan		249	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		-116,556	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)		422,838	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance		1,143,302	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only		5,931,511	17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance		198,287	19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement		117,639	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		26,444,925	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 5/29/2012 4:39 pm
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150004 Component CCN: 157145		Period: From 01/01/2011 To 12/31/2011		Worksheet S-4 Date/Time Prepared: 5/29/2012 4:39 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			LAKE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	6,658	6,658	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	828.00	0.00	2,967.00	3,795.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		15.84	0.00	15.84	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			19.55	0.00	19.55	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.90	0.00	2.90	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.21	0.00	0.21	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.01	0.00	0.01	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.03	0.00	0.03	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			3.20	0.00	3.20	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			23844			20.00
20.01				16974			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	10,008	97	385	123	10,613	21.00
22.00	Skilled Nursing Visit Charges	1,881,316	18,236	72,380	23,124	1,995,056	22.00
23.00	Physical Therapy Visits	5,340	1	30	61	5,432	23.00
24.00	Physical Therapy Visit Charges	1,003,920	188	5,640	11,468	1,021,216	24.00
25.00	Occupational Therapy Visits	911	11	3	10	935	25.00
26.00	Occupational Therapy Visit Charges	171,268	2,068	564	1,880	175,780	26.00
27.00	Speech Pathology Visits	232	0	0	0	232	27.00
28.00	Speech Pathology Visit Charges	43,616	0	0	0	43,616	28.00
29.00	Medical Social Service Visits	27	1	0	1	29	29.00
30.00	Medical Social Service Visit Charges	6,588	244	0	244	7,076	30.00
31.00	Home Health Aide Visits	3,497	13	13	33	3,556	31.00
32.00	Home Health Aide Visit Charges	398,658	1,482	1,482	3,762	405,384	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	20,015	123	431	228	20,797	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,505,366	22,218	80,066	40,478	3,648,128	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,122		145	22	1,289	36.00
37.00	Total Number of Outlier Episodes		2		0	2	37.00
38.00	Total Non-Routine Medical Supply Charges	78,818	39	7,680	710	87,247	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/29/2012 4:39 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.345400		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		10,526,205		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		20,455,638		5.00
6.00	Medicaid charges		72,596,238		6.00
7.00	Medicaid cost (line 1 times line 6)		25,074,741		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		3,085,984		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		1,065,899		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)		1,065,899		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,065,899		19.00
				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	14,406,900	10,055,300	24,462,200	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,976,143	3,473,101	8,449,244	21.00
22.00	Partial payment by patients approved for charity care	175,400	532,300	707,700	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,800,743	2,940,801	7,741,544	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		10,533,821		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,378,065		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		9,155,756		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		3,162,398		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		10,903,942		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,969,841		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet A Date/Time Prepared: 5/29/2012 4:39 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		6,146,275	6,146,275	-2,605,263	3,541,012	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	2,896,937	2,896,937	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	1,661,017	27,005,743	28,666,760	-1,875	28,664,885	4.00
5.01 COMMUNICATIONS	370,782	796,778	1,167,560	0	1,167,560	5.01
5.02 DATA PROCESSING	0	-8,454,598	-8,454,598	0	-8,454,598	5.02
5.03 PURCHASING, RECEIVING AND STORES	323,247	262,870	586,117	0	586,117	5.03
5.04 ADMINITTING	966,288	32,839	999,127	0	999,127	5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	4,059,167	12,544,886	16,604,053	2,348,915	18,952,968	5.05
6.00 MAINTENANCE & REPAIRS	1,543,860	2,348,336	3,892,196	0	3,892,196	6.00
7.00 OPERATION OF PLANT	295,672	3,121,336	3,417,008	0	3,417,008	7.00
8.00 LAUNDRY & LINEN SERVICE	0	684,944	684,944	0	684,944	8.00
9.00 HOUSEKEEPING	1,494,630	396,235	1,890,865	0	1,890,865	9.00
10.00 DIETARY	856,343	1,666,960	2,523,303	-1,415,426	1,107,877	10.00
11.00 CAFETERIA	0	0	0	1,415,426	1,415,426	11.00
13.00 NURSING ADMINISTRATION	3,197,702	547,714	3,745,416	-2,046	3,743,370	13.00
14.00 CENTRAL SERVICES & SUPPLY	447,247	2,071,058	2,518,305	-907,705	1,610,600	14.00
15.00 PHARMACY	2,157,546	6,791,855	8,949,401	-4,054,092	4,895,309	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,269,433	405,665	1,675,098	0	1,675,098	16.00
17.00 SOCIAL SERVICE	0	110	110	0	110	17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,908	2,908	690,872	693,780	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
23.01 PARAMED ED PRGM - LAB	76,514	9,405	85,919	85,519	171,438	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	65,446	266	65,712	191,791	257,503	23.02
23.03 PARAMED ED PRGM - RESP THER	43,375	1,650	45,025	10,447	55,472	23.03
23.04 PARAMED ED PRGM-PHARMACY	386,394	15,536	401,930	203,355	605,285	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	12,761,130	1,827,015	14,588,145	-2,319,960	12,268,185	30.00
31.00 INTENSIVE CARE UNIT	2,435,984	164,850	2,600,834	-66,270	2,534,564	31.00
35.00 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 SUBPROVIDER - IPF	2,513,885	12,466,951	14,980,836	-115	14,980,721	40.00
43.00 NURSERY	0	0	0	1,389,059	1,389,059	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,288,609	2,823,399	4,112,008	-1,948,456	2,163,552	50.00
50.01 OPEN HEART SURGERY	138,905	241,127	380,032	-125,411	254,621	50.01
50.02 OUTPATIENT SURGERY	1,095,018	283,301	1,378,319	-5,670	1,372,649	50.02
51.00 RECOVERY ROOM	391,215	9,467	400,682	-1,406	399,276	51.00
53.00 ANESTHESIOLOGY	6,157,954	558,207	6,716,161	-247,642	6,468,519	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,359,036	519,546	1,878,582	-288,320	1,590,262	54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	420,212	2,157,755	2,577,967	-833,838	1,744,129	54.01
54.02 ULTRASOUND	482,759	109,058	591,817	-1,226	590,591	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 COMPUTED TOMOGRAPHY	465,883	434,483	900,366	-13,192	887,174	55.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	7,132,121	7,132,121	-85,530	7,046,591	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	847,383	847,383	153,945	1,001,328	63.00
63.01 NUCLEAR MEDICINE	258,585	312,619	571,204	40,320	611,524	63.01
65.00 RESPIRATORY THERAPY	1,372,081	338,510	1,710,591	92,179	1,802,770	65.00
66.00 PHYSICAL THERAPY	1,877,937	1,259,150	3,137,087	-1,576,954	1,560,133	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	953,645	953,645	67.00
68.00 SPEECH PATHOLOGY	0	0	0	370,741	370,741	68.00
69.00 ELECTROCARDIOLOGY	357,670	270,718	628,388	-1,228	627,160	69.00
70.00 ELECTROENCEPHALOGRAPHY	284,036	35,521	319,557	-2,706	316,851	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,592,723	3,592,723	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,218,564	4,218,564	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	3,694,676	3,694,676	73.00
76.00 PAIN CLINIC	140	1,960	2,100	-1,742	358	76.00
76.01 ORTHOPEDICS	110,010	39,654	149,664	-31,832	117,832	76.01
76.02 CARDIOVASCULAR SERVICES	948,670	3,032,968	3,981,638	-2,691,807	1,289,831	76.02
76.03 CARDIAC REHAB	356,800	15,460	372,260	3,956	376,216	76.03
76.04 RADIATION ONCOLOGY	631,469	302,524	933,993	-2,123	931,870	76.04
76.05 MRI	107,801	133,347	241,148	-3,731	237,417	76.05
76.06 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 PSYCH ACTIVITY THERAPY	0	1,456,841	1,456,841	0	1,456,841	76.07
76.08 WOUND CARE	455,974	133,854	589,828	-105,833	483,995	76.08
76.09 RENAL DIALYSIS	0	0	0	768,164	768,164	76.09
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011	Worksheet A Date/Time Prepared: 5/29/2012 4:39 pm		
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OCC HEALTH CLINIC	0	0	0	-2,210	-2,210	90.01
91.00	EMERGENCY	7,409,788	2,766,686	10,176,474	-1,076,222	9,100,252	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	2,383,390	678,805	3,062,195	-60,814	3,001,381	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE		7,826,014	7,826,014	-2,640,589	5,185,425	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	65,279,604	104,578,065	169,857,669	0	169,857,669	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,260	76,718	115,978	0	115,978	190.00
190.01	CONVENT	0	13,183	13,183	0	13,183	190.01
190.02	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	MEDICAL ARTS BUILDING	4,098	108,888	112,986	0	112,986	190.03
190.04	WOMEN'S HEALTH CENTER	84,614	10,592	95,206	0	95,206	190.04
190.05	DEVELOPMENT	0	1,387	1,387	0	1,387	190.05
190.06	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	FAMILY SERVICES	323,558	55,496	379,054	0	379,054	190.08
190.09	MDWISE	100,715	5,999,035	6,099,750	0	6,099,750	190.09
190.10	CATHERINE MCAULEY CLINIC	354,415	93,519	447,934	0	447,934	190.10
190.11	CENTER OF HOPE	7,437	0	7,437	0	7,437	190.11
190.12	SELECT	0	145	145	0	145	190.12
190.13	PERCINI AS	0	0	0	0	0	190.13
192.00	PHYSICIANS' PRIVATE OFFICES	1,922,141	304,846	2,226,987	0	2,226,987	192.00
192.01	WORKING WELL	232,807	84,266	317,073	0	317,073	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	REHAB	0	0	0	0	0	194.01
200.00	TOTAL (SUM OF LINES 118-199)	68,348,649	111,326,140	179,674,789	0	179,674,789	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet A Date/Time Prepared: 5/29/2012 4:39 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,259,198	4,800,210	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2,896,937	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-422,441	28,242,444	4.00
5.01	COMMUNICATIONS	-32,434	1,135,126	5.01
5.02	DATA PROCESSING	9,296,538	841,940	5.02
5.03	PURCHASING, RECEIVING AND STORES	-222,666	363,451	5.03
5.04	ADMINISTRATIVE	899,816	1,898,943	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	-1,911,573	17,041,395	5.05
6.00	MAINTENANCE & REPAIRS	-12,082	3,880,114	6.00
7.00	OPERATION OF PLANT	0	3,417,008	7.00
8.00	LAUNDRY & LINEN SERVICE	-259,758	425,186	8.00
9.00	HOUSEKEEPING	0	1,890,865	9.00
10.00	DIETARY	-709,100	398,777	10.00
11.00	CAFETERIA	-752,051	663,375	11.00
13.00	NURSING ADMINISTRATION	-61,918	3,681,452	13.00
14.00	CENTRAL SERVICES & SUPPLY	-539,808	1,070,792	14.00
15.00	PHARMACY	-1,767,283	3,128,026	15.00
16.00	MEDICAL RECORDS & LIBRARY	-3,771	1,671,327	16.00
17.00	SOCIAL SERVICE	0	110	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	693,780	22.00
23.00	PARAMED PRGM	0	0	23.00
23.01	PARAMED PRGM - LAB	-32,193	139,245	23.01
23.02	PARAMED PRGM - RADIOLOGY	0	257,503	23.02
23.03	PARAMED PRGM - RESP THER	0	55,472	23.03
23.04	PARAMED PRGM-PHARMACY	0	605,285	23.04
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-898,789	11,369,396	30.00
31.00	INTENSIVE CARE UNIT	-1,082	2,533,482	31.00
35.00	NEWBORN INTENSIVE CARE UNIT	0	0	35.00
40.00	SUBPROVIDER - I/PF	-10,671,633	4,309,088	40.00
43.00	NURSERY	0	1,389,059	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-466,964	1,696,588	50.00
50.01	OPEN HEART SURGERY	-19,069	235,552	50.01
50.02	OUTPATIENT SURGERY	0	1,372,649	50.02
51.00	RECOVERY ROOM	0	399,276	51.00
53.00	ANESTHESIOLOGY	-4,539,735	1,928,784	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-78,413	1,511,849	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	0	1,744,129	54.01
54.02	ULTRASOUND	-1,708	588,883	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	-69,649	817,525	55.01
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-1,824,464	5,222,127	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	-1,896	999,432	63.00
63.01	NUCLEAR MEDICINE	0	611,524	63.01
65.00	RESPIRATORY THERAPY	-44,875	1,757,895	65.00
66.00	PHYSICAL THERAPY	-116,483	1,443,650	66.00
67.00	OCCUPATIONAL THERAPY	0	953,645	67.00
68.00	SPEECH PATHOLOGY	0	370,741	68.00
69.00	ELECTROCARDIOLOGY	-182,181	444,979	69.00
70.00	ELECTROENCEPHALOGRAPHY	-2,815	314,036	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,592,723	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	4,218,564	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,694,676	73.00
76.00	PAIN CLINIC	0	358	76.00
76.01	ORTHOPEDICS	0	117,832	76.01
76.02	CARDIOVASCULAR SERVICES	-94,012	1,195,819	76.02
76.03	CARDIAC REHAB	-1,412	374,804	76.03
76.04	RADIATION ONCOLOGY	0	931,870	76.04
76.05	MRI	-8,008	229,409	76.05
76.06	BARITRIC CENTER	0	0	76.06
76.07	PSYCH ACTIVITY THERAPY	-1,248,819	208,022	76.07
76.08	WOUND CARE	-118,455	365,540	76.08
76.09	RENAL DIALYSIS	0	768,164	76.09
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150004

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

Worksheet A
Date/Time Prepared:
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
90.01	OCC HEALTH CLINIC	0	-2,210	90.01
91.00	EMERGENCY	-4,812,861	4,287,391	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	-75,000	2,926,381	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	-5,185,425	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-25,735,274	144,122,395	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	115,978	190.00
190.01	CONVENT	0	13,183	190.01
190.02	HOME MEDICAL EQUIPMENT	0	0	190.02
190.03	MEDICAL ARTS BUILDING	0	112,986	190.03
190.04	WOMEN'S HEALTH CENTER	0	95,206	190.04
190.05	DEVELOPMENT	0	1,387	190.05
190.06	NEUROSURGERY PROF SERVICES	0	0	190.06
190.07	IMAGE RECOVERY	0	0	190.07
190.08	FAMILY SERVICES	0	379,054	190.08
190.09	MDWISE	0	6,099,750	190.09
190.10	CATHERINE MCAULEY CLINIC	0	447,934	190.10
190.11	CENTER OF HOPE	0	7,437	190.11
190.12	SELECT	0	145	190.12
190.13	PERCINI AS	0	0	190.13
192.00	PHYSICIANS' PRIVATE OFFICES	195,334	2,422,321	192.00
192.01	WORKING WELL	0	317,073	192.01
193.00	NONPAID WORKERS	0	0	193.00
194.01	REHAB	0	0	194.01
200.00	TOTAL (SUM OF LINES 118-199)	-25,539,940	154,134,849	200.00

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6
Date/Time Prepared:
5/29/2012 4:39 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAPITAL						
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	2,896,937	1.00	
	EQUIP					
	TOTALS		0	2,896,937		
B - CAFETERIA						
1.00	CAFETERIA	11.00	480,717	934,709	1.00	
	TOTALS		480,717	934,709		
C - INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	169,351	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,015,543	2.00	
	TOTALS		0	2,184,894		
D - CHARGEABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,805,546	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
	TOTALS		0	5,805,546		
E - PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	115,459	3,579,217	1.00	
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	153,945	2.00	
	TOTALS		115,459	3,733,162		
F - RADIOLOGY ADMIN						
1.00	NUCLEAR MEDICINE	63.01	5,078	0	1.00	
2.00	ULTRASOUND	54.02	24,086	0	2.00	
3.00	NUCLEAR MEDICINE	63.01	38,068	0	3.00	
4.00	RADIOLOGY SPECIAL PROCEDURES	54.01	11,599	0	4.00	
5.00	MRI	76.05	6,365	0	5.00	
6.00	ULTRASOUND	54.02	8,618	0	6.00	
	TOTALS		93,814	0		
G - MEDICAL EDUCATION						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	690,872	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	690,872		
H - THERAPY						
1.00	OCCUPATIONAL THERAPY	67.00	501,737	380,462	1.00	
2.00	SPEECH PATHOLOGY	68.00	210,151	150,545	2.00	
	TOTALS		711,888	531,007		

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
I - PARA MED EDUCATION					
1.00	PARAMED ED PRGM - LAB	23.01	0	85,519	1.00
2.00	PARAMED ED PRGM - RADIOLOGY	23.02	0	191,791	2.00
3.00	PARAMED ED PRGM-PHARMACY	23.04	0	203,355	3.00
4.00	PARAMED ED PRGM - RESP THER	23.03	0	10,447	4.00
TOTALS			0	491,112	
J - PROFESSIONAL SUPPORT SERVICES					
1.00	RESPIRATORY THERAPY	65.00	172,761	795	1.00
2.00	OCCUPATIONAL THERAPY	67.00	71,119	327	2.00
3.00	SPEECH PATHOLOGY	68.00	9,999	46	3.00
4.00	CARDIAC REHAB	76.03	4,088	19	4.00
TOTALS			257,967	1,187	
K - RENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	17,450	1.00
TOTALS			0	17,450	
L - NURSERY					
1.00	NURSERY	43.00	1,066,389	322,670	1.00
TOTALS			1,066,389	322,670	
M - RENAL DIALYSIS					
1.00	RENAL DIALYSIS	76.09	590,575	177,589	1.00
TOTALS			590,575	177,589	
N - PACEMAKER					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,005,741	1.00
TOTALS			0	2,005,741	
O - IMPLANTABLE DEVICE					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,212,823	1.00
TOTALS			0	2,212,823	
P - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	104,873	1.00
TOTALS			0	104,873	
Q - DEFAULT					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	333,372	1.00
TOTALS			0	333,372	
500.00	Grand Total: Increases		3,316,809	22,443,944	500.00

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6
Date/Time Prepared:
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		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
A - CAPITAL							
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	2,896,937		9	1.00
	TOTALS		0	2,896,937			
B - CAFETERIA							
1.00	DIETARY	10.00	480,717	934,709		0	1.00
	TOTALS		480,717	934,709			
C - INSURANCE							
1.00	INTEREST EXPENSE	113.00	0	2,184,894		12	1.00
2.00		0.00	0	0		0	2.00
	TOTALS		0	2,184,894			
D - CHARGEABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	1,875		0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	2,046		0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	907,705		0	3.00
4.00	PHARMACY	15.00	0	2,116		0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	162,737		0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	65,762		0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	508		0	7.00
8.00	SUBPROVIDER - IPF	40.00	0	115		0	8.00
9.00	OPERATING ROOM	50.00	0	1,948,456		0	9.00
10.00	OPEN HEART SURGERY	50.01	0	125,411		0	10.00
11.00	OUTPATIENT SURGERY	50.02	0	5,670		0	11.00
12.00	RECOVERY ROOM	51.00	0	1,406		0	12.00
13.00	ANESTHESIOLOGY	53.00	0	95,848		0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,715		0	14.00
15.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	845,437		0	15.00
16.00	ULTRASOUND	54.02	0	33,930		0	16.00
17.00	COMPUTED TOMOGRAPHY	55.01	0	13,192		0	17.00
18.00	LABORATORY	60.00	0	11		0	18.00
19.00	NUCLEAR MEDICINE	63.01	0	2,826		0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	70,930		0	20.00
21.00	PHYSICAL THERAPY	66.00	0	74,905		0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	1,228		0	22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,706		0	23.00
24.00	PAIN CLINIC	76.00	0	1,742		0	24.00
25.00	ORTHOPEDICS	76.01	0	31,832		0	25.00
26.00	CARDIOVASCULAR SERVICES	76.02	0	686,066		0	26.00
27.00	CARDIAC REHAB	76.03	0	151		0	27.00
28.00	RADIATION ONCOLOGY	76.04	0	2,123		0	28.00
29.00	MRI	76.05	0	10,096		0	29.00
30.00	WOUND CARE	76.08	0	105,833		0	30.00
31.00	OCC HEALTH CLINIC	90.01	0	2,210		0	31.00
32.00	EMERGENCY	91.00	0	537,144		0	32.00
33.00	HOME HEALTH AGENCY	101.00	0	60,814		0	33.00
	TOTALS		0	5,805,546			
E - PHARMACY							
1.00	PHARMACY	15.00	115,459	3,733,162		0	1.00
2.00		0.00	0	0		0	2.00
	TOTALS		115,459	3,733,162			
F - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	93,814	0		0	1.00
2.00		0.00	0	0		0	2.00
3.00		0.00	0	0		0	3.00
4.00		0.00	0	0		0	4.00
5.00		0.00	0	0		0	5.00
6.00		0.00	0	0		0	6.00
	TOTALS		93,814	0			
G - MEDICAL EDUCATION							
1.00	EMERGENCY	91.00	0	539,078		0	1.00
2.00	ANESTHESIOLOGY	53.00	0	151,794		0	2.00
	TOTALS		0	690,872			
H - THERAPY							
1.00	PHYSICAL THERAPY	66.00	711,888	531,007		0	1.00
2.00		0.00	0	0		0	2.00
	TOTALS		711,888	531,007			
I - PARA MED EDUCATION							
1.00	LABORATORY	60.00	0	85,519		0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	191,791		0	2.00
3.00	PHARMACY	15.00	0	203,355		0	3.00
4.00	RESPIRATORY THERAPY	65.00	0	10,447		0	4.00
	TOTALS		0	491,112			

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6

Date/Time Prepared:
5/29/2012 4:39 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
J - PROFESSIONAL SUPPORT SERVICES							
1.00	PHYSICAL THERAPY	66.00	257,967	1,187	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		257,967	1,187			
K - RENT							
1.00	INTEREST EXPENSE	113.00	0	17,450	10		1.00
	TOTALS		0	17,450			
L - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,066,389	322,670	0		1.00
	TOTALS		1,066,389	322,670			
M - RENAL DIALYSIS							
1.00	ADULTS & PEDIATRICS	30.00	590,575	177,589	0		1.00
	TOTALS		590,575	177,589			
N - PACEMAKER							
1.00	CARDIOVASCULAR SERVICES	76.02	0	2,005,741	0		1.00
	TOTALS		0	2,005,741			
O - IMPLANTABLE DEVICE							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,212,823	0		1.00
	TOTALS		0	2,212,823			
P - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	104,873	11		1.00
	TOTALS		0	104,873			
Q - DEFAULT							
1.00	INTEREST EXPENSE	113.00	0	333,372	0		1.00
	TOTALS		0	333,372			
500.00	Grand Total: Decreases		3,316,809	22,443,944			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 4:39 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,522,936	0	0	0	1.00
2.00	Land Improvements	3,446,661	5,525	0	5,525	2.00
3.00	Buildings and Fixtures	44,811,405	729,008	0	729,008	3.00
4.00	Building Improvements	197,433	0	0	0	4.00
5.00	Fixed Equipment	142,776,297	0	0	0	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	196,754,732	734,533	0	734,533	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	196,754,732	734,533	0	734,533	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	6,146,275	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)	6,146,275	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	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: 150004

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 4:39 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,522,936	0		1.00		
2.00	Land Improvements	3,452,186	0		2.00		
3.00	Buildings and Fixtures	45,540,413	0		3.00		
4.00	Building Improvements	157,134	0		4.00		
5.00	Fixed Equipment	135,731,210	0		5.00		
6.00	Movable Equipment	0	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	190,403,879	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	190,403,879	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	6,146,275		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	6,146,275		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	3,249,338	-10,431	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,896,937	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,146,275	-10,431	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

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		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	104,873	169,351	0	1,287,079	4,800,210	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,896,937	2.00
3.00	Total (sum of lines 1-2)	104,873	169,351	0	1,287,079	7,697,147	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150004

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 4:39 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)	B	-752,257	INTEREST EXPENSE	113.00	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)	B	-474,996	CENTRAL SERVICES & SUPPLY	14.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-27,881	NEW CAP REL COSTS-BLDG & FIXT	1.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-32,434	COMMUNICATIONS	5.01	7.00
8.00 Television and radio service (chapter 21)		0		0.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-10,428,735			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-40,715	RADIOLOGY-DIAGNOSTIC	54.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-6,181,308			12.00
13.00 Laundry and linen service	B	452	LAUNDRY & LINEN SERVICE	8.00	13.00
14.00 Cafeteria-employees and guests	B	-731,951	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		0		0.00	17.00
18.00 Sale of medical records and abstracts	B	-3,771	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines	B	-20,100	CAFETERIA	11.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	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		OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	33.00
37.00 SELECT MEALS	B	-232,901	DIETARY	10.00	37.00
38.00 WELLNESS CENTER REVENUE	B	-2,200	EMPLOYEE BENEFITS	4.00	38.00
39.00 DIETARY SUPPLEMENTS	B	-467,555	DIETARY	10.00	39.00
40.00 CATERING	B	-146	DIETARY	10.00	40.00
41.00 PHYSICIAN APPLICATION FEES	B	-46,175	OTHER ADMINISTRATIVE AND GENERAL	5.05	41.00
42.00 CARDIAC DIETETIC INSTRUCTION	B	-6,614	DIETARY	10.00	42.00
43.00 MISCELLANEOUS INCOME	B	-57,264	CARDIOVASCULAR SERVICES	76.02	43.00
44.00 RENTAL INCOME	B	-13,250	CARDIOVASCULAR SERVICES	76.02	44.00
45.00 LOBBYING EXPENSE	A	-42,236	OTHER ADMINISTRATIVE AND GENERAL	5.05	45.00
46.00 LIFELINE	B	-78,077	OTHER ADMINISTRATIVE AND GENERAL	5.05	46.00
47.00 PROGRAM FEES	B	-29,724	NURSING ADMINISTRATION	13.00	47.00
48.00 PROGRAM FEES	B	-32,193	PARAMED PRGM - LAB	23.01	48.00
49.00 UNNECESSARY BORROWING	A	-1,074,670	INTEREST EXPENSE	113.00	49.00
49.01 SHARED SERVICES - HR	A	-420,191	EMPLOYEE BENEFITS	4.00	49.01
49.02 SHARED SERVICES - LAUNDRY	A	-260,210	LAUNDRY & LINEN SERVICE	8.00	49.02

Provider CCN: 150004
 Period: From 01/01/2011 To 12/31/2011
 Worksheet A-8
 Date/Time Prepared: 5/29/2012 4:39 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	
			Cost Center			
			1.00	2.00		
49.03 SHARED SERVICES - RECEIVING	A	-222,666	PURCHASING, RECEIVING AND STORES	5.03	49.03	
49.04 SHARED SERVICES - A&G	A	-4,166,940	OTHER ADMINISTRATIVE AND GENERAL	5.05	49.04	
49.05 SHARED SERVICES - PR	A	899,816	ADMINITTING	5.04	49.05	
49.06 MISCELLANEOUS INCOME	B	-13,500	ADULTS & PEDIATRICS	30.00	49.06	
49.07 MISCELLANEOUS INCOME	B	-75,000	HOME HEALTH AGENCY	101.00	49.07	
49.08 DONATIONS EXPENSE	A	-19,820	OTHER ADMINISTRATIVE AND GENERAL	5.05	49.08	
49.09 PRESCRIPTION DRUG	B	-37,924	PHARMACY	15.00	49.09	
49.10 GOODWILL OFFSET	A	-234,400	NEW CAP REL COSTS-BLDG & FIXT	1.00	49.10	
49.11 SELECT CLINICAL ENGINEERING	B	-12,082	MAINTENANCE & REPAIRS	6.00	49.11	
49.12 ADVERTISING EXPENSE	A	-50	EMPLOYEE BENEFITS	4.00	49.12	
49.13 MISCELLANEOUS INCOME	B	-2,990	RADIOLOGY-DIAGNOSTIC	54.00	49.13	
49.14 PATIENT INTEREST	B	-197,282	OTHER ADMINISTRATIVE AND GENERAL	5.05	49.14	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,539,940			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 150004

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

Worksheet A-8
Date/Time Prepared:
5/29/2012 4:39 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	10	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	OTHER ADJUSTMENTS (SPECIFY) (3)	0	33.00
37.00	SELECT MEALS	0	37.00
38.00	WELLNESS CENTER REVENUE	0	38.00
39.00	DIETARY SUPPLEMENTS	0	39.00
40.00	CATERING	0	40.00
41.00	PHYSICIAN APPLICATION FEES	0	41.00
42.00	CARDIAC DIETETIC INSTRUCTION	0	42.00
43.00	MISCELLANEOUS INCOME	0	43.00
44.00	RENTAL INCOME	0	44.00
45.00	LOBBYING EXPENSE	0	45.00
46.00	LIFELINE	0	46.00
47.00	PROGRAM FEES	0	47.00
48.00	PROGRAM FEES	0	48.00
49.00	UNNECESSARY BORROWING	0	49.00
49.01	SHARED SERVICES - HR	0	49.01
49.02	SHARED SERVICES - LAUNDRY	0	49.02
49.03	SHARED SERVICES - RECEIVING	0	49.03
49.04	SHARED SERVICES - A&G	0	49.04
49.05	SHARED SERVICES - PR	0	49.05
49.06	MISCELLANEOUS INCOME	0	49.06
49.07	MISCELLANEOUS INCOME	0	49.07
49.08	DONATIONS EXPENSE	0	49.08
49.09	PRESCRIPTION DRUG	0	49.09
49.10	GOODWILL OFFSET	14	49.10
49.11	SELECT CLINICAL ENGINEERING	0	49.11
49.12	ADVERTISING EXPENSE	0	49.12
49.13	MISCELLANEOUS INCOME	0	49.13
49.14	PATIENT INTEREST	0	49.14

Provider CCN: 150004

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

Worksheet A-8

Date/Time Prepared:
 5/29/2012 4:39 pm

Cost Center Description		Wkst. A-7 Ref.	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	5.00	50.00

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

Provider CCN: 150004

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2012 4:39 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	1.00
2.00	5.02	DATA PROCESSING	DATA PROCESSING	2.00
3.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE & GENERAL	3.00
4.00	15.00	PHARMACY	COEP / PHARMACY	4.00
4.01	113.00	INTEREST EXPENSE	INTEREST	4.01
4.02	5.05	OTHER ADMINISTRATIVE AND GENERAL	CBO	4.02
4.03	192.00	PHYSICIANS' PRIVATE OFFICES	PHYSICIAN PRIVATE OFFICES	4.03
4.04	5.02	DATA PROCESSING	PURCHASED SERVICES OTHER	4.04
4.05	10.00	DIETARY	NUTRITION SERVICES	4.05
4.06	14.00	CENTRAL SERVICES & SUPPLY	SPD	4.06
4.07	15.00	PHARMACY	PHARMACY	4.07
4.08	30.00	ADULTS & PEDIATRICS	INTERMEDIATE CARE UNIT (IMCU)	4.08
4.09	31.00	INTENSIVE CARE UNIT	INTENSIVE CARE UNIT	4.09
4.10	40.00	SUBPROVIDER - IPF	CHILD/ADOLESCENT PSYCH	4.10
4.11	40.00	SUBPROVIDER - IPF	ADULT INTENSIVE PSYCH	4.11
4.12	40.00	SUBPROVIDER - IPF	PSYCH REVENUE RECLASSIFICATION	4.12
4.13	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	4.13
4.14	54.02	ULTRASOUND	ULTRASOUND	4.14
4.15	54.02	ULTRASOUND	VASCULAR ULTRASOUND	4.15
4.16	55.01	COMPUTED TOMOGRAPHY	COMPUTED TOMOGRAPHY	4.16
4.17	60.00	LABORATORY	CHEMISTRY	4.17
4.18	60.00	LABORATORY	MICROBIOLOGY	4.18
4.19	60.00	LABORATORY	HEMATOLOGY	4.19
4.20	60.00	LABORATORY	SEROLOGY	4.20
4.21	63.00	BLOOD STORING, PROCESSING & TRANS.	BLOOD BANK	4.21
4.22	65.00	RESPIRATORY THERAPY	RESPIRATORY CARE	4.22
4.23	66.00	PHYSICAL THERAPY	ACUTE THERAPY	4.23
4.24	69.00	ELECTROCARDIOLOGY	NON-INVASIVE VASCULAR	4.24
4.25	76.03	CARDIAC REHAB	CARDIAC REHAB	4.25
4.26	76.05	MRI	MRI	4.26
4.27	76.07	PSYCH ACTIVITY THERAPY	PSYCH THERAPY SERVICES	4.27
4.28	91.00	EMERGENCY	EMERGENCY ROOM	4.28
4.29	40.00	SUBPROVIDER - IPF	PSYCH UNIT OVERHEAD	4.29
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet A-8-1 Date/Time Prepared: 5/29/2012 4:39 pm
	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

(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: 150004

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2012 4:39 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		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1,521,479	0	1,521,479	14	1.00	
2.00	0	9,490,331	-9,490,331	0	2.00	
3.00	10,451,569	6,730,692	3,720,877	0	3.00	
4.00	376,747	534,660	-157,913	0	4.00	
4.01	1,543,030	4,901,528	-3,358,498	0	4.01	
4.02	0	1,081,920	-1,081,920	0	4.02	
4.03	195,334	0	195,334	0	4.03	
4.04	0	-18,786,869	18,786,869	0	4.04	
4.05	0	1,884	-1,884	0	4.05	
4.06	9,128	73,940	-64,812	0	4.06	
4.07	361,078	1,931,468	-1,570,390	0	4.07	
4.08	0	1,932	-1,932	0	4.08	
4.09	0	1,082	-1,082	0	4.09	
4.10	0	3,760,294	-3,760,294	0	4.10	
4.11	0	8,280,056	-8,280,056	0	4.11	
4.12	0	11,006	-11,006	0	4.12	
4.13	6,895	41,603	-34,708	0	4.13	
4.14	133	804	-671	0	4.14	
4.15	206	1,243	-1,037	0	4.15	
4.16	47,267	116,916	-69,649	0	4.16	
4.17	261,338	1,784,131	-1,522,793	0	4.17	
4.18	2,898	19,783	-16,885	0	4.18	
4.19	48,478	330,955	-282,477	0	4.19	
4.20	396	2,705	-2,309	0	4.20	
4.21	795	2,691	-1,896	0	4.21	
4.22	8,674	33,546	-24,872	0	4.22	
4.23	1,352	3,483	-2,131	0	4.23	
4.24	30,347	212,528	-182,181	0	4.24	
4.25	896	2,308	-1,412	0	4.25	
4.26	1,156	9,164	-8,008	0	4.26	
4.27	208,022	1,456,841	-1,248,819	0	4.27	
4.28	100,882	706,506	-605,624	0	4.28	
4.29	1,379,723	0	1,379,723	0	4.29	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	16,557,823	22,739,131	-6,181,308	0	5.00

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

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

B. 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

Provider CCN: 150004

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2012 4:39 pm

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

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

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- 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: 150004

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 4:39 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00		13.00NURSING ADMINISTRATION	38,656	1,136	1.00
2.00		13.00NURSING ADMINISTRATION	34,575	0	2.00
3.00		15.00PHARMACY	6,000	0	3.00
4.00		30.00ADULTS & PEDIATRICS	15,250	15,250	4.00
5.00		30.00ADULTS & PEDIATRICS	868,107	868,107	5.00
6.00		50.00OPERATING ROOM	466,964	466,964	6.00
7.00		50.01OPEN HEART SURGERY	37,320	0	7.00
8.00		53.00ANESTHESIOLOGY	4,337,847	4,337,847	8.00
9.00		53.00ANESTHESIOLOGY	201,888	201,888	9.00
10.00		65.00RESPIRATORY THERAPY	26,760	13,720	10.00
11.00		66.00PHYSICAL THERAPY	114,352	114,352	11.00
12.00		70.00ELECTROENCEPHALOGRAPHY	11,550	950	12.00
13.00		76.02CARDIOVASCULAR SERVICES	75,000	0	13.00
14.00		76.08WOUND CARE	116,343	116,343	14.00
15.00		76.08WOUND CARE	2,112	2,112	15.00
16.00		91.00EMERGENCY	124,971	0	16.00
17.00		91.00EMERGENCY	10,050	0	17.00
18.00		91.00EMERGENCY	4,162,365	4,162,365	18.00
200.00			10,650,110	10,301,034	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150004

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 4:39 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	37,520	171,400	268	22,084	1,104	1.00
2.00	34,575	171,400	230	18,953	948	2.00
3.00	6,000	171,400	60	4,944	247	3.00
4.00	0	136,700	0	0	0	4.00
5.00	0	136,700	0	0	0	5.00
6.00	0	204,100	0	0	0	6.00
7.00	37,320	204,100	186	18,251	913	7.00
8.00	0	200,300	0	0	0	8.00
9.00	0	200,300	0	0	0	9.00
10.00	13,040	171,400	82	6,757	338	10.00
11.00	0	171,400	0	0	0	11.00
12.00	10,600	171,400	106	8,735	437	12.00
13.00	75,000	171,400	625	51,502	2,575	13.00
14.00	0	171,400	0	0	0	14.00
15.00	0	171,400	0	0	0	15.00
16.00	124,971	171,400	994	81,909	4,095	16.00
17.00	10,050	171,400	100	8,240	412	17.00
18.00	0	171,400	0	0	0	18.00
200.00	349,076		2,651	221,375	11,069	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150004

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 4:39 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	22,084	1.00
2.00	0	0	0	0	18,953	2.00
3.00	0	0	0	0	4,944	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	18,251	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	6,757	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	8,735	12.00
13.00	0	0	0	0	51,502	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	81,909	16.00
17.00	0	0	0	0	8,240	17.00
18.00	0	0	0	0	0	18.00
200.00	0	0	0	0	221,375	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150004

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 4:39 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	15,436	16,572	1.00
2.00	15,622	15,622	2.00
3.00	1,056	1,056	3.00
4.00	0	15,250	4.00
5.00	0	868,107	5.00
6.00	0	466,964	6.00
7.00	19,069	19,069	7.00
8.00	0	4,337,847	8.00
9.00	0	201,888	9.00
10.00	6,283	20,003	10.00
11.00	0	114,352	11.00
12.00	1,865	2,815	12.00
13.00	23,498	23,498	13.00
14.00	0	116,343	14.00
15.00	0	2,112	15.00
16.00	43,062	43,062	16.00
17.00	1,810	1,810	17.00
18.00	0	4,162,365	18.00
200.00	127,701	10,428,735	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 4:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	4,800,210	4,800,210				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	2,896,937		2,896,937			2.00
4.00 EMPLOYEE BENEFITS	28,242,444	31,964	6,770	28,281,178		4.00
5.01 COMMUNICATIONS	1,135,126	11,322	43,861	157,243	1,347,552	5.01
5.02 DATA PROCESSING	841,940	56,819	381,053	0	0	5.02
5.03 PURCHASING, RECEIVING AND STORES	363,451	14,429	5,579	137,084	17,806	5.03
5.04 ADMINISTRATION	1,898,943	32,934	0	409,787	54,055	5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	17,041,395	265,528	23,038	1,721,428	157,077	5.05
6.00 MAINTENANCE & REPAIRS	3,880,114	290,361	25,701	654,726	87,124	6.00
7.00 OPERATION OF PLANT	3,417,008	224,718	56,777	125,390	38,156	7.00
8.00 LAUNDRY & LINEN SERVICE	425,186	5,672	88,206	0	8,267	8.00
9.00 HOUSEKEEPING	1,890,865	82,757	12,985	633,849	8,903	9.00
10.00 DIETARY	398,777	76,686	54,612	159,297	17,170	10.00
11.00 CAFETERIA	663,375	59,926	0	203,864	0	11.00
13.00 NURSING ADMINISTRATION	3,681,452	54,208	26,089	1,356,094	42,608	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,070,792	80,290	139,612	189,670	21,622	14.00
15.00 PHARMACY	3,128,026	39,163	5,902	866,016	33,705	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,671,327	142,577	2,165	538,346	10,811	16.00
17.00 SOCIAL SERVICE	110	8,455	0	0	0	17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	693,780	0	0	0	0	22.00
23.00 PARAMED PRGM	0	0	0	0	636	23.00
23.01 PARAMED PRGM - LAB	139,245	0	0	32,448	636	23.01
23.02 PARAMED PRGM - RADIOLOGY	257,503	0	0	27,755	636	23.02
23.03 PARAMED PRGM - RESPIRATORY	55,472	0	0	18,395	636	23.03
23.04 PARAMED PRGM-PHARMACY	605,285	0	0	163,864	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	11,369,396	1,001,847	312,166	4,709,119	200,322	30.00
31.00 INTENSIVE CARE UNIT	2,533,482	114,924	43,137	1,033,062	31,797	31.00
35.00 NEWBORN INTENSIVE CARE UNIT	0	0	10,949	0	8,267	35.00
40.00 SUBPROVIDER - IPF	4,309,088	0	2,130	1,066,098	0	40.00
43.00 NURSERY	1,389,059	0	0	452,239	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,696,588	275,240	290,926	546,478	74,404	50.00
50.01 OPEN HEART SURGERY	235,552	0	18,060	58,907	0	50.01
50.02 OUTPATIENT SURGERY	1,372,649	210,244	28,409	464,380	29,253	50.02
51.00 RECOVERY ROOM	399,276	0	1,951	165,908	0	51.00
53.00 ANESTHESIOLOGY	1,928,784	0	82,631	2,611,490	5,723	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,511,849	134,581	159,988	536,560	54,055	54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	1,744,129	23,328	3,528	183,124	3,816	54.01
54.02 ULTRASOUND	588,883	15,286	58,213	218,600	8,267	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 COMPUTED TOMOGRAPHY	817,525	15,640	163,111	197,574	0	55.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	5,222,127	104,415	0	0	29,253	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	999,432	0	0	0	28,617	63.00
63.01 NUCLEAR MEDICINE	611,524	20,672	128,713	127,959	8,267	63.01
65.00 RESPIRATORY THERAPY	1,757,895	41,480	106,214	655,143	17,170	65.00
66.00 PHYSICAL THERAPY	1,443,650	107,319	11,325	385,103	33,705	66.00
67.00 OCCUPATIONAL THERAPY	953,645	9,915	0	242,939	7,631	67.00
68.00 SPEECH PATHOLOGY	370,741	30,723	0	93,362	1,908	68.00
69.00 ELECTROCARDIOLOGY	444,979	17,265	49,785	151,682	8,903	69.00
70.00 ELECTROENCEPHALOGRAPHY	314,036	14,022	23,215	120,455	12,083	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,592,723	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	4,218,564	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	3,694,676	0	0	48,964	0	73.00
76.00 PAIN CLINIC	358	0	59	59	14,626	76.00
76.01 ORTHOPEDICS	117,832	6,958	376	46,653	0	76.01
76.02 CARDIOVASCULAR SERVICES	1,195,819	61,265	266,529	402,316	48,331	76.02
76.03 CARDIAC REHAB	374,804	13,195	18,335	153,047	1,908	76.03
76.04 RADIATION ONCOLOGY	931,870	137,492	78,324	267,796	0	76.04
76.05 MRI	229,409	30,106	53,129	48,416	0	76.05
76.06 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 PSYCH ACTIVITY THERAPY	208,022	0	0	0	0	76.07
76.08 WOUND CARE	365,540	49,161	3,336	193,371	19,078	76.08
76.09 RENAL DIALYSIS	768,164	94,944	0	250,453	0	76.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 4:39 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			
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OCC HEALTH CLINIC	-2,210	0	0	0	0	90.01
91.00 EMERGENCY	4,287,391	117,301	33,802	3,142,373	66,138	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	2,926,381	30,903	35,966	1,010,758	58,507	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	144,122,395	4,156,035	2,856,657	26,979,644	1,271,877	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	115,978	49,153	0	16,650	3,179	190.00
190.01 CONVENT	13,183	85,390	261	0	20,986	190.01
190.02 HOME MEDICAL EQUIPMENT	0	0	23,587	0	0	190.02
190.03 MEDICAL ARTS BUILDING	112,986	0	1,070	1,738	0	190.03
190.04 WOMEN'S HEALTH CENTER	95,206	8,636	0	35,883	3,179	190.04
190.05 DEVELOPMENT	1,387	0	0	0	0	190.05
190.06 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 IMAGE RECOVERY	0	0	319	0	0	190.07
190.08 FAMILY SERVICES	379,054	0	0	137,216	0	190.08
190.09 MDWISE	6,099,750	0	0	42,712	0	190.09
190.10 CATHERINE MCAULEY CLINIC	447,934	0	1,812	150,302	3,816	190.10
190.11 CENTER OF HOPE	7,437	3,784	0	3,154	0	190.11
190.12 SELECT	145	296,800	0	0	0	190.12
190.13 PERCINI AS	0	0	0	0	0	190.13
192.00 PHYSICIANS' PRIVATE OFFICES	2,422,321	67,208	10,961	815,149	26,709	192.00
192.01 WORKING WELL	317,073	0	0	98,730	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 REHAB	0	133,204	2,270	0	17,806	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	154,134,849	4,800,210	2,896,937	28,281,178	1,347,552	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/29/2012 4:39 pm	
Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING	1,279,812					5.02
5.03	PURCHASING, RECEIVING AND STORES	41,546	579,895				5.03
5.04	ADMINITTING	90,753	754	2,487,226			5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	380,856	1	0	19,589,323	19,589,323	5.05
6.00	MAINTENANCE & REPAIRS	0	11	0	4,938,037	718,949	6.00
7.00	OPERATION OF PLANT	0	0	0	3,862,049	562,291	7.00
8.00	LAUNDRY & LINEN SERVICE	0	13,593	0	540,924	78,755	8.00
9.00	HOUSEKEEPING	0	303	0	2,629,662	382,863	9.00
10.00	DIETARY	0	194	0	706,736	102,897	10.00
11.00	CAFETERIA	0	0	0	927,165	134,990	11.00
13.00	NURSING ADMINISTRATION	14,842	171	0	5,175,464	753,517	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	54,966	0	1,556,952	226,683	14.00
15.00	PHARMACY	84,252	0	0	4,157,064	605,244	15.00
16.00	MEDICAL RECORDS & LIBRARY	320,967	60	0	2,686,253	391,102	16.00
17.00	SOCIAL SERVICE	0	0	0	8,565	1,247	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	693,780	101,010	22.00
23.00	PARAMED PRGM	0	0	0	636	93	23.00
23.01	PARAMED PRGM - LAB	0	0	0	172,329	25,090	23.01
23.02	PARAMED PRGM - RADIOLOGY	0	0	0	285,894	41,624	23.02
23.03	PARAMED PRGM - RESP THER	0	0	0	74,503	10,847	23.03
23.04	PARAMED PRGM-PHARMACY	0	0	0	769,149	111,983	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	30,459	201,919	17,825,228	2,595,228	30.00
31.00	INTENSIVE CARE UNIT	0	8,012	42,814	3,807,228	554,310	31.00
35.00	NEWBORN INTENSIVE CARE UNIT	0	31	0	19,247	2,802	35.00
40.00	SUBPROVIDER - IPF	0	561	148,753	5,526,630	804,644	40.00
43.00	NURSERY	0	0	7,085	1,848,383	269,113	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	26,921	129,989	70,567	3,111,113	452,959	50.00
50.01	OPEN HEART SURGERY	0	8,902	7,429	328,850	47,879	50.01
50.02	OUTPATIENT SURGERY	0	871	30,066	2,135,872	310,970	50.02
51.00	RECOVERY ROOM	0	11,197	17,621	595,953	86,767	51.00
53.00	ANESTHESIOLOGY	0	7,819	18,713	4,655,160	677,763	53.00
54.00	RADIOLOGY-DIAGNOSTIC	73,902	883	77,749	2,549,567	371,202	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	0	55,111	64,590	2,077,626	302,490	54.01
54.02	ULTRASOUND	0	2,655	53,154	945,058	137,595	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	0	5,730	168,765	1,368,345	199,223	55.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	171,274	1	302,836	5,829,906	848,799	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	26,447	1,054,496	153,528	63.00
63.01	NUCLEAR MEDICINE	0	381	35,660	933,176	135,865	63.01
65.00	RESPIRATORY THERAPY	0	10,356	71,813	2,660,071	387,290	65.00
66.00	PHYSICAL THERAPY	0	4,868	26,184	2,012,154	292,958	66.00
67.00	OCCUPATIONAL THERAPY	0	0	14,065	1,228,195	178,818	67.00
68.00	SPEECH PATHOLOGY	0	0	5,464	502,198	73,117	68.00
69.00	ELECTROCARDIOLOGY	0	719	52,688	726,021	105,704	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	605	12,887	497,303	72,404	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	193,624	3,786,347	551,269	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	52,684	4,271,248	621,868	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	296,269	4,039,909	588,187	73.00
76.00	PAIN CLINIC	0	108	0	15,210	2,214	76.00
76.01	ORTHOPEDICS	0	2,328	489	174,636	25,426	76.01
76.02	CARDIOVASCULAR SERVICES	0	166,191	78,433	2,218,884	323,056	76.02
76.03	CARDIAC REHAB	0	344	9,593	571,226	83,167	76.03
76.04	RADIATION ONCOLOGY	0	1,145	41,437	1,458,064	212,285	76.04
76.05	MRI	0	1,309	44,378	406,747	59,220	76.05
76.06	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	PSYCH ACTIVITY THERAPY	0	0	8,996	217,018	31,597	76.07
76.08	WOUND CARE	0	6,892	12,319	649,697	94,592	76.08
76.09	RENAL DIALYSIS	0	0	15,802	1,129,363	164,428	76.09
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B
Part I
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Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
90.01	OCC HEALTH CLINIC	0	0	0	-2,210	0	90.01
91.00	EMERGENCY	0	44,518	245,770	7,937,293	1,155,622	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	74,499	5,372	30,163	4,172,549	607,498	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,279,812	577,410	2,487,226	142,058,246	17,831,042	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	184,960	26,929	190.00
190.01	CONVENT	0	0	0	119,820	17,445	190.01
190.02	HOME MEDICAL EQUIPMENT	0	0	0	23,587	3,434	190.02
190.03	MEDICAL ARTS BUILDING	0	0	0	115,794	16,859	190.03
190.04	WOMEN'S HEALTH CENTER	0	0	0	142,904	20,806	190.04
190.05	DEVELOPMENT	0	0	0	1,387	202	190.05
190.06	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	IMAGE RECOVERY	0	0	0	319	46	190.07
190.08	FAMILY SERVICES	0	270	0	516,540	75,205	190.08
190.09	MDWISE	0	0	0	6,142,462	894,306	190.09
190.10	CATHERINE MCAULEY CLINIC	0	1,007	0	604,871	88,066	190.10
190.11	CENTER OF HOPE	0	0	0	14,375	2,093	190.11
190.12	SELECT	0	0	0	296,945	43,233	190.12
190.13	PERCINI AS	0	0	0	0	0	190.13
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,017	0	3,343,365	486,774	192.00
192.01	WORKING WELL	0	191	0	415,994	60,566	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	REHAB	0	0	0	153,280	22,317	194.01
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)	1,279,812	579,895	2,487,226	154,134,849	19,589,323	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/29/2012 4:39 pm	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	MAINTENANCE & REPAIRS	5,656,986					6.00
7.00	OPERATION OF PLANT	0	4,424,340				7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	619,679			8.00
9.00	HOUSEKEEPING	0	0	0	3,012,525		9.00
10.00	DIETARY	100,750	78,796	0	53,652	1,042,831	10.00
11.00	CAFETERIA	100,750	78,796	0	53,652	0	11.00
13.00	NURSING ADMINISTRATION	79,956	62,534	0	42,579	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	118,425	92,620	0	63,065	0	14.00
15.00	PHARMACY	57,765	45,178	0	30,761	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	210,298	164,474	0	111,990	0	16.00
17.00	SOCIAL SERVICE	12,472	9,754	0	6,642	0	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM	0	0	0	0	0	23.00
23.01	PARAMED PRGM - LAB	0	0	0	0	0	23.01
23.02	PARAMED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03	PARAMED PRGM - RESPIRATORY	0	0	0	0	0	23.03
23.04	PARAMED PRGM-PHARMACY	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,477,699	1,155,714	515,977	786,924	868,311	30.00
31.00	INTENSIVE CARE UNIT	169,510	132,574	57,997	90,269	97,603	31.00
35.00	NEWBORN INTENSIVE CARE UNIT	44,061	34,460	45	23,464	79	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	405,972	317,511	0	216,193	0	50.00
50.01	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	OUTPATIENT SURGERY	310,104	242,533	0	165,140	0	50.02
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	198,503	155,250	0	105,709	0	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	34,408	26,911	0	18,323	0	54.01
54.02	ULTRASOUND	22,547	17,634	0	12,007	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	23,068	18,042	0	12,284	0	55.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	154,009	120,451	0	82,015	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	NUCLEAR MEDICINE	30,491	23,847	0	16,238	0	63.01
65.00	RESPIRATORY THERAPY	61,182	47,851	0	32,581	0	65.00
66.00	PHYSICAL THERAPY	158,292	123,801	0	84,296	0	66.00
67.00	OCCUPATIONAL THERAPY	14,624	11,438	0	7,788	0	67.00
68.00	SPEECH PATHOLOGY	45,315	35,441	0	24,132	0	68.00
69.00	ELECTROCARDIOLOGY	25,465	19,916	0	13,561	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	39,889	31,197	0	21,242	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	PAIN CLINIC	44,095	34,486	0	23,482	0	76.00
76.01	ORTHOPEDICS	10,264	8,027	0	5,466	0	76.01
76.02	CARDIOVASCULAR SERVICES	90,364	70,674	0	48,122	0	76.02
76.03	CARDIAC REHAB	19,462	15,221	0	10,364	0	76.03
76.04	RADIATION ONCOLOGY	202,797	158,608	0	107,996	0	76.04
76.05	MRI	44,405	34,729	0	23,647	0	76.05
76.06	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	WOUND CARE	72,511	56,711	0	38,614	0	76.08
76.09	RENAL DIALYSIS	140,040	109,525	0	74,576	0	76.09
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OCC HEALTH CLINIC	0	0	0	0	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 4:39 pm

Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	6.00	7.00	8.00	9.00	10.00	
91.00 EMERGENCY	173,016	135,316	0	92,137	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	56,322	44,050	0	29,993	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,748,831	3,714,070	574,019	2,528,904	965,993	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,571	9,832	0	6,695	0	190.00
190.01 CONVENT	129,621	101,377	0	69,027	0	190.01
190.02 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 MEDICAL ARTS BUILDING	288,490	225,628	0	153,630	0	190.03
190.04 WOMEN'S HEALTH CENTER	13,370	10,457	0	7,120	0	190.04
190.05 DEVELOPMENT	0	0	0	0	0	190.05
190.06 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 MDWISE	0	0	0	0	0	190.09
190.10 CATHERINE MCAULEY CLINIC	39,279	30,720	0	20,917	0	190.10
190.11 CENTER OF HOPE	6,036	4,721	0	3,214	0	190.11
190.12 SELECT	0	0	0	0	0	190.12
190.13 PERCINI AS	139,352	108,987	0	74,209	0	190.13
192.00 PHYSICIANS' PRIVATE OFFICES	62,458	48,849	0	33,261	0	192.00
192.01 WORKING WELL	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 REHAB	216,978	169,699	45,660	115,548	76,838	194.01
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)	5,656,986	4,424,340	619,679	3,012,525	1,042,831	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/29/2012 4:39 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	1,295,353					11.00
13.00	NURSING ADMINISTRATION	69,514	6,183,564				13.00
14.00	CENTRAL SERVICES & SUPPLY	21,469	132,646	2,211,860			14.00
15.00	PHARMACY	42,089	0	0	4,938,101		15.00
16.00	MEDICAL RECORDS & LIBRARY	67,729	0	313	0	3,632,159	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMEDICAL PRGM	0	0	0	0	0	23.00
23.01	PARAMEDICAL PRGM - LAB	1,524	0	0	0	0	23.01
23.02	PARAMEDICAL PRGM - RADIOLOGY	1,514	0	0	0	0	23.02
23.03	PARAMEDICAL PRGM - RESPIRATORY	1,071	0	0	0	0	23.03
23.04	PARAMEDICAL PRGM-PHARMACY	8,748	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	345,494	3,164,332	105,368	6,702	294,851	30.00
31.00	INTENSIVE CARE UNIT	62,455	595,367	20,618	5,525	62,519	31.00
35.00	NEWBORN INTENSIVE CARE UNIT	1,509	14,412	5	0	0	35.00
40.00	SUBPROVIDER - IPF	0	0	3,006	0	217,215	40.00
43.00	NURSERY	0	0	0	0	10,346	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	54,202	449,429	80,689	101	103,044	50.00
50.01	OPEN HEART SURGERY	20,495	195,331	6,174	0	10,849	50.01
50.02	OUTPATIENT SURGERY	20,780	198,129	2,237	120	43,903	50.02
51.00	RECOVERY ROOM	11,419	108,859	1,232	6	25,730	51.00
53.00	ANESTHESIOLOGY	32,834	0	7,722	6	27,325	53.00
54.00	RADIOLOGY-DIAGNOSTIC	47,283	0	3,546	0	113,533	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	803	0	20,737	0	94,318	54.01
54.02	ULTRASOUND	12,360	0	2,738	6	77,618	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	10,780	0	24,927	0	246,438	55.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	442,420	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	38,619	63.00
63.01	NUCLEAR MEDICINE	6,603	0	762	245,206	52,072	63.01
65.00	RESPIRATORY THERAPY	35,341	0	3,894	638	104,864	65.00
66.00	PHYSICAL THERAPY	46,523	0	1,028	0	38,235	66.00
67.00	OCCUPATIONAL THERAPY	0	0	559	0	20,539	67.00
68.00	SPEECH PATHOLOGY	0	0	214	0	7,979	68.00
69.00	ELECTROCARDIOLOGY	15,160	0	3,321	0	76,938	69.00
70.00	ELECTROENCEPHALOGRAPHY	6,216	0	2,097	0	18,818	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,139,891	0	282,738	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	702,080	0	76,932	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	4,639,858	432,624	73.00
76.00	PAIN CLINIC	1	0	15	0	0	76.00
76.01	ORTHOPEDICS	3,178	30,223	2,132	0	714	76.01
76.02	CARDIOVASCULAR SERVICES	31,067	296,075	20,775	2,556	114,531	76.02
76.03	CARDIAC REHAB	8,561	81,574	1,761	0	14,008	76.03
76.04	RADIATION ONCOLOGY	12,456	0	5,221	0	60,508	76.04
76.05	MRI	2,471	0	3,678	0	64,802	76.05
76.06	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	PSYCHIATRY THERAPY	0	0	0	0	13,136	76.07
76.08	WOUND CARE	9,023	0	2,653	8,393	17,988	76.08
76.09	RENAL DIALYSIS	0	0	0	0	23,075	76.09
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	4	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
90.01	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	EMERGENCY	117,483	917,187	33,216	22,509	358,884	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	61,277	0	8,947	0	44,046	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,189,436	6,183,564	2,211,556	4,931,626	3,632,159	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,324	0	0	0	0	190.00
190.01	CONVENT	0	0	0	0	0	190.01
190.02	HOME MEDICAL EQUIPMENT	380	0	0	0	0	190.02
190.03	MEDICAL ARTS BUILDING	128	0	0	0	0	190.03
190.04	WOMEN'S HEALTH CENTER	4,628	0	0	0	0	190.04
190.05	DEVELOPMENT	0	0	0	0	0	190.05
190.06	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	FAMILY SERVICES	13,574	0	0	0	0	190.08
190.09	MDWISE	3,811	0	0	0	0	190.09
190.10	CATHERINE MCAULEY CLINIC	9,242	0	0	0	0	190.10
190.11	CENTER OF HOPE	124	0	0	0	0	190.11
190.12	SELECT	0	0	0	0	0	190.12
190.13	PERCINI AS	0	0	0	0	0	190.13
192.00	PHYSICIANS' PRIVATE OFFICES	27,666	0	0	0	0	192.00
192.01	WORKING WELL	0	0	304	6,475	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	REHAB	44,040	0	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,295,353	6,183,564	2,211,860	4,938,101	3,632,159	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	
	17.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	38,680					17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	794,790				22.00
23.00 PARAMED PRGM	0	0	729			23.00
23.01 PARAMED PRGM - LAB	0	0	0	198,943		23.01
23.02 PARAMED PRGM - RADIOLOGY	0	0	0	0	329,032	23.02
23.03 PARAMED PRGM - RESPTHER	0	0	0	0	0	23.03
23.04 PARAMED PRGM-PHARMACY	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,139	7,869	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	666	0	0	0	0	31.00
35.00 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 SUBPROVIDER - I/PF	2,313	0	0	0	0	40.00
43.00 NURSERY	110	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,097	0	0	0	0	50.00
50.01 OPEN HEART SURGERY	116	0	0	0	0	50.01
50.02 OUTPATIENT SURGERY	467	0	0	0	0	50.02
51.00 RECOVERY ROOM	274	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	291	157,384	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,209	0	0	0	312,581	54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	1,004	0	0	0	6,580	54.01
54.02 ULTRASOUND	826	0	0	0	3,291	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 COMPUTED TOMOGRAPHY	2,624	0	0	0	6,580	55.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	4,720	0	0	163,133	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	411	0	0	31,831	0	63.00
63.01 NUCLEAR MEDICINE	554	0	0	3,979	0	63.01
65.00 RESPIRATORY THERAPY	1,116	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	407	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	219	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	85	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	819	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	200	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,010	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	819	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	4,606	0	729	0	0	73.00
76.00 PAIN CLINIC	0	0	0	0	0	76.00
76.01 ORTHOPEDICS	8	0	0	0	0	76.01
76.02 CARDIOVASCULAR SERVICES	1,219	0	0	0	0	76.02
76.03 CARDIAC REHAB	149	0	0	0	0	76.03
76.04 RADIATION ONCOLOGY	644	0	0	0	0	76.04
76.05 MRI	690	0	0	0	0	76.05
76.06 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 PSYCH ACTIVITY THERAPY	140	0	0	0	0	76.07
76.08 WOUND CARE	192	0	0	0	0	76.08
76.09 RENAL DIALYSIS	246	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	
		SERVICES-OTHER PRGM COSTS				
	17.00	22.00	23.00	23.01	23.02	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 EMERGENCY	3,821	629,537	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	469	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	38,680	794,790	729	198,943	329,032	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 CONVENT	0	0	0	0	0	190.01
190.02 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05 DEVELOPMENT	0	0	0	0	0	190.05
190.06 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 MDWISE	0	0	0	0	0	190.09
190.10 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 CENTER OF HOPE	0	0	0	0	0	190.11
190.12 SELECT	0	0	0	0	0	190.12
190.13 PERCINI AS	0	0	0	0	0	190.13
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 WORKING WELL	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 REHAB	0	0	0	0	0	194.01
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)	38,680	794,790	729	198,943	329,032	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/29/2012 4:39 pm	
Cost Center Description	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	23.03	23.04	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	EMPLOYEE BENEFITS					4.00	
5.01	COMMUNICATIONS					5.01	
5.02	DATA PROCESSING					5.02	
5.03	PURCHASING, RECEIVING AND STORES					5.03	
5.04	ADMITTING					5.04	
5.05	OTHER ADMINISTRATIVE AND GENERAL					5.05	
6.00	MAINTENANCE & REPAIRS					6.00	
7.00	OPERATION OF PLANT					7.00	
8.00	LAUNDRY & LINEN SERVICE					8.00	
9.00	HOUSEKEEPING					9.00	
10.00	DIETARY					10.00	
11.00	CAFETERIA					11.00	
13.00	NURSING ADMINISTRATION					13.00	
14.00	CENTRAL SERVICES & SUPPLY					14.00	
15.00	PHARMACY					15.00	
16.00	MEDICAL RECORDS & LIBRARY					16.00	
17.00	SOCIAL SERVICE					17.00	
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00	
23.00	PARAMED ED PRGM					23.00	
23.01	PARAMED ED PRGM - LAB					23.01	
23.02	PARAMED ED PRGM - RADIOLOGY					23.02	
23.03	PARAMED ED PRGM - RESPTHER	86,421				23.03	
23.04	PARAMED ED PRGM-PHARMACY	0	889,880			23.04	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	29,152,836	-7,869	29,144,967	30.00
31.00	INTENSIVE CARE UNIT	0	0	5,656,641	0	5,656,641	31.00
35.00	NEWBORN INTENSIVE CARE UNIT	0	0	140,084	0	140,084	35.00
40.00	SUBPROVIDER - I/PF	0	0	6,553,808	0	6,553,808	40.00
43.00	NURSERY	0	0	2,127,952	0	2,127,952	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	5,192,310	0	5,192,310	50.00
50.01	OPEN HEART SURGERY	0	0	609,694	0	609,694	50.01
50.02	OUTPATIENT SURGERY	0	0	3,430,255	0	3,430,255	50.02
51.00	RECOVERY ROOM	0	0	830,240	0	830,240	51.00
53.00	ANESTHESIOLOGY	0	0	5,558,485	-157,384	5,401,101	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	3,858,383	0	3,858,383	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	0	0	2,583,200	0	2,583,200	54.01
54.02	ULTRASOUND	0	0	1,231,680	0	1,231,680	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	0	0	1,912,311	0	1,912,311	55.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	7,645,453	0	7,645,453	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	1,278,885	0	1,278,885	63.00
63.01	NUCLEAR MEDICINE	0	0	1,448,793	0	1,448,793	63.01
65.00	RESPIRATORY THERAPY	86,421	0	3,421,249	0	3,421,249	65.00
66.00	PHYSICAL THERAPY	0	0	2,757,694	0	2,757,694	66.00
67.00	OCCUPATIONAL THERAPY	0	0	1,462,180	0	1,462,180	67.00
68.00	SPEECH PATHOLOGY	0	0	688,481	0	688,481	68.00
69.00	ELECTROCARDIOLOGY	0	0	986,905	0	986,905	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	689,366	0	689,366	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	5,763,255	0	5,763,255	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,672,947	0	5,672,947	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	889,880	10,595,793	0	10,595,793	73.00
76.00	PAIN CLINIC	0	0	119,503	0	119,503	76.00
76.01	ORTHOPEDECS	0	0	260,074	0	260,074	76.01
76.02	CARDIOVASCULAR SERVICES	0	0	3,217,323	0	3,217,323	76.02
76.03	CARDIAC REHAB	0	0	805,493	0	805,493	76.03
76.04	RADIATION ONCOLOGY	0	0	2,218,579	0	2,218,579	76.04
76.05	MRI	0	0	640,389	0	640,389	76.05
76.06	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	PSYCH ACTIVITY THERAPY	0	0	261,891	0	261,891	76.07
76.08	WOUND CARE	0	0	950,374	0	950,374	76.08
76.09	RENAL DIALYSIS	0	0	1,641,253	0	1,641,253	76.09
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.03	23.04	24.00	25.00	26.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	4	0	4	90.00
90.01	OCC HEALTH CLINIC	0	0	-2,210	0	-2,210	90.01
91.00	EMERGENCY	0	0	11,576,021	-629,537	10,946,484	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	5,025,151	0	5,025,151	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	86,421	889,880	137,962,725	-794,790	137,167,935	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	243,311	0	243,311	190.00
190.01	CONVENT	0	0	437,290	0	437,290	190.01
190.02	HOME MEDICAL EQUIPMENT	0	0	27,401	0	27,401	190.02
190.03	MEDICAL ARTS BUILDING	0	0	800,529	0	800,529	190.03
190.04	WOMEN'S HEALTH CENTER	0	0	199,285	0	199,285	190.04
190.05	DEVELOPMENT	0	0	1,589	0	1,589	190.05
190.06	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	IMAGE RECOVERY	0	0	365	0	365	190.07
190.08	FAMILY SERVICES	0	0	605,319	0	605,319	190.08
190.09	MDWISE	0	0	7,040,579	0	7,040,579	190.09
190.10	CATHERINE MCAULEY CLINIC	0	0	793,095	0	793,095	190.10
190.11	CENTER OF HOPE	0	0	30,563	0	30,563	190.11
190.12	SELECT	0	0	340,178	0	340,178	190.12
190.13	PERCINI AS	0	0	322,548	0	322,548	190.13
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	4,002,373	0	4,002,373	192.00
192.01	WORKING WELL	0	0	483,339	0	483,339	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	REHAB	0	0	844,360	0	844,360	194.01
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)	86,421	889,880	154,134,849	-794,790	153,340,059	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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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			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	31,964	6,770	38,734	38,734 4.00
5.01	COMMUNICATIONS	0	11,322	43,861	55,183	215 5.01
5.02	DATA PROCESSING	0	56,819	381,053	437,872	0 5.02
5.03	PURCHASING, RECEIVING AND STORES	0	14,429	5,579	20,008	188 5.03
5.04	ADMINISTRATIVE	0	32,934	0	32,934	561 5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	0	265,528	23,038	288,566	2,358 5.05
6.00	MAINTENANCE & REPAIRS	0	290,361	25,701	316,062	897 6.00
7.00	OPERATION OF PLANT	0	224,718	56,777	281,495	172 7.00
8.00	LAUNDRY & LINEN SERVICE	0	5,672	88,206	93,878	0 8.00
9.00	HOUSEKEEPING	0	82,757	12,985	95,742	868 9.00
10.00	DIETARY	0	76,686	54,612	131,298	218 10.00
11.00	CAFETERIA	0	59,926	0	59,926	279 11.00
13.00	NURSING ADMINISTRATION	0	54,208	26,089	80,297	1,858 13.00
14.00	CENTRAL SERVICES & SUPPLY	0	80,290	139,612	219,902	260 14.00
15.00	PHARMACY	0	39,163	5,902	45,065	1,186 15.00
16.00	MEDICAL RECORDS & LIBRARY	0	142,577	2,165	144,742	738 16.00
17.00	SOCIAL SERVICE	0	8,455	0	8,455	0 17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	PARAMED PRGM	0	0	0	0	0 23.00
23.01	PARAMED PRGM - LAB	0	0	0	0	44 23.01
23.02	PARAMED PRGM - RADIOLOGY	0	0	0	0	38 23.02
23.03	PARAMED PRGM - RESPIRATORY	0	0	0	0	25 23.03
23.04	PARAMED PRGM-PHARMACY	0	0	0	0	224 23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,001,847	312,166	1,314,013	6,441 30.00
31.00	INTENSIVE CARE UNIT	0	114,924	43,137	158,061	1,415 31.00
35.00	NEWBORN INTENSIVE CARE UNIT	0	0	10,949	10,949	0 35.00
40.00	SUBPROVIDER - IPF	0	0	2,130	2,130	1,461 40.00
43.00	NURSERY	0	0	0	0	620 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	275,240	290,926	566,166	749 50.00
50.01	OPEN HEART SURGERY	0	0	18,060	18,060	81 50.01
50.02	OUTPATIENT SURGERY	0	210,244	28,409	238,653	636 50.02
51.00	RECOVERY ROOM	0	0	1,951	1,951	227 51.00
53.00	ANESTHESIOLOGY	0	0	82,631	82,631	3,578 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	134,581	159,988	294,569	735 54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	0	23,328	3,528	26,856	251 54.01
54.02	ULTRASOUND	0	15,286	58,213	73,499	299 54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01	COMPUTED TOMOGRAPHY	0	15,640	163,111	178,751	271 55.01
57.00	CT SCAN	0	0	0	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	LABORATORY	0	104,415	0	104,415	0 60.00
60.01	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
63.01	NUCLEAR MEDICINE	0	20,672	128,713	149,385	175 63.01
65.00	RESPIRATORY THERAPY	0	41,480	106,214	147,694	898 65.00
66.00	PHYSICAL THERAPY	0	107,319	11,325	118,644	528 66.00
67.00	OCCUPATIONAL THERAPY	0	9,915	0	9,915	333 67.00
68.00	SPEECH PATHOLOGY	0	30,723	0	30,723	128 68.00
69.00	ELECTROCARDIOLOGY	0	17,265	49,785	67,050	208 69.00
70.00	ELECTROENCEPHALOGRAPHY	0	14,022	23,215	37,237	165 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	67 73.00
76.00	PAIN CLINIC	0	0	59	59	0 76.00
76.01	ORTHOPEDICS	0	6,958	376	7,334	64 76.01
76.02	CARDIOVASCULAR SERVICES	0	61,265	266,529	327,794	551 76.02
76.03	CARDIAC REHAB	0	13,195	18,335	31,530	210 76.03
76.04	RADIATION ONCOLOGY	0	137,492	78,324	215,816	367 76.04
76.05	MRI	0	30,106	53,129	83,235	66 76.05
76.06	BARITRIC CENTER	0	0	0	0	0 76.06
76.07	PSYCH ACTIVITY THERAPY	0	0	0	0	0 76.07
76.08	WOUND CARE	0	49,161	3,336	52,497	265 76.08
76.09	RENAL DIALYSIS	0	94,944	0	94,944	343 76.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 4:39 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 EMERGENCY	0	117,301	33,802	151,103	4,305	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	30,903	35,966	66,869	1,385	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	4,156,035	2,856,657	7,012,692	36,951	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	49,153	0	49,153	23	190.00
190.01 CONVENT	0	85,390	261	85,651	0	190.01
190.02 HOME MEDICAL EQUIPMENT	0	0	23,587	23,587	0	190.02
190.03 MEDICAL ARTS BUILDING	0	0	1,070	1,070	2	190.03
190.04 WOMEN'S HEALTH CENTER	0	8,636	0	8,636	49	190.04
190.05 DEVELOPMENT	0	0	0	0	0	190.05
190.06 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 IMAGE RECOVERY	0	0	319	319	0	190.07
190.08 FAMILY SERVICES	0	0	0	0	188	190.08
190.09 MDWISE	0	0	0	0	59	190.09
190.10 CATHERINE MCAULEY CLINIC	0	0	1,812	1,812	206	190.10
190.11 CENTER OF HOPE	0	3,784	0	3,784	4	190.11
190.12 SELECT	0	296,800	0	296,800	0	190.12
190.13 PERCINI AS	0	0	0	0	0	190.13
192.00 PHYSICIANS' PRIVATE OFFICES	0	67,208	10,961	78,169	1,117	192.00
192.01 WORKING WELL	0	0	0	0	135	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 REHAB	0	133,204	2,270	135,474	0	194.01
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	4,800,210	2,896,937	7,697,147	38,734	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 4:39 pm	
Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS	55,398					5.01
5.02	DATA PROCESSING	0	437,872				5.02
5.03	PURCHASING, RECEIVING AND STORES	732	14,214	35,142			5.03
5.04	ADMINITTING	2,222	31,050	46	66,813		5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	6,457	130,305	0	0	427,686	5.05
6.00	MAINTENANCE & REPAIRS	3,582	0	1	0	15,698	6.00
7.00	OPERATION OF PLANT	1,569	0	0	0	12,277	7.00
8.00	LAUNDRY & LINEN SERVICE	340	0	824	0	1,720	8.00
9.00	HOUSEKEEPING	366	0	18	0	8,360	9.00
10.00	DIETARY	706	0	12	0	2,247	10.00
11.00	CAFETERIA	0	0	0	0	2,947	11.00
13.00	NURSING ADMINISTRATION	1,752	5,078	10	0	16,453	13.00
14.00	CENTRAL SERVICES & SUPPLY	889	0	3,331	0	4,950	14.00
15.00	PHARMACY	1,386	28,826	0	0	13,215	15.00
16.00	MEDICAL RECORDS & LIBRARY	444	109,815	4	0	8,540	16.00
17.00	SOCIAL SERVICE	0	0	0	0	27	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,206	22.00
23.00	PARAMED ED PRGM	26	0	0	0	2	23.00
23.01	PARAMED ED PRGM - LAB	26	0	0	0	548	23.01
23.02	PARAMED ED PRGM - RADIOLOGY	26	0	0	0	909	23.02
23.03	PARAMED ED PRGM - RESP THER	26	0	0	0	237	23.03
23.04	PARAMED ED PRGM-PHARMACY	0	0	0	0	2,445	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,234	0	1,846	5,428	56,626	30.00
31.00	INTENSIVE CARE UNIT	1,307	0	486	1,151	12,103	31.00
35.00	NEWBORN INTENSIVE CARE UNIT	340	0	2	0	61	35.00
40.00	SUBPROVIDER - IPF	0	0	34	3,999	17,569	40.00
43.00	NURSERY	0	0	0	190	5,876	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,059	9,211	7,877	1,897	9,890	50.00
50.01	OPEN HEART SURGERY	0	0	539	200	1,045	50.01
50.02	OUTPATIENT SURGERY	1,203	0	53	808	6,790	50.02
51.00	RECOVERY ROOM	0	0	679	474	1,895	51.00
53.00	ANESTHESIOLOGY	235	0	474	503	14,799	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,222	25,285	54	2,090	8,105	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	157	0	3,340	1,736	6,605	54.01
54.02	ULTRASOUND	340	0	161	1,429	3,004	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	0	0	347	4,537	4,350	55.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	1,203	58,599	0	8,092	18,533	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,176	0	0	711	3,352	63.00
63.01	NUCLEAR MEDICINE	340	0	23	959	2,967	63.01
65.00	RESPIRATORY THERAPY	706	0	628	1,931	8,456	65.00
66.00	PHYSICAL THERAPY	1,386	0	295	704	6,397	66.00
67.00	OCCUPATIONAL THERAPY	314	0	0	378	3,904	67.00
68.00	SPEECH PATHOLOGY	78	0	0	147	1,596	68.00
69.00	ELECTROCARDIOLOGY	366	0	44	1,416	2,308	69.00
70.00	ELECTROENCEPHALOGRAPHY	497	0	37	346	1,581	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,205	12,037	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,416	13,578	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	7,964	12,843	73.00
76.00	PAIN CLINIC	601	0	7	0	48	76.00
76.01	ORTHOPEDICS	0	0	141	13	555	76.01
76.02	CARDIOVASCULAR SERVICES	1,987	0	10,067	2,108	7,054	76.02
76.03	CARDIAC REHAB	78	0	21	258	1,816	76.03
76.04	RADIATION ONCOLOGY	0	0	69	1,114	4,635	76.04
76.05	MRI	0	0	79	1,193	1,293	76.05
76.06	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	PSYCHIATRY THERAPY	0	0	0	242	690	76.07
76.08	WOUND CARE	784	0	418	331	2,065	76.08
76.09	RENAL DIALYSIS	0	0	0	425	3,590	76.09
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 4:39 pm	
Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	OTHER ADMINISTRATIVE AND GENERAL		
		5.01	5.02	5.03	5.04	5.05		
90.01	OCC HEALTH CLINIC	0	0	0	0	0		90.01
91.00	EMERGENCY	2,719	0	2,698	6,607	25,233		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF	0	0	0	0	0		99.10
101.00	HOME HEALTH AGENCY	2,405	25,489	326	811	13,265		101.00
SPECIAL PURPOSE COST CENTERS								
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	52,286	437,872	34,991	66,813	389,295		118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	131	0	0	0	588		190.00
190.01	CONVENT	863	0	0	0	381		190.01
190.02	HOME MEDICAL EQUIPMENT	0	0	0	0	75		190.02
190.03	MEDICAL ARTS BUILDING	0	0	0	0	368		190.03
190.04	WOMEN'S HEALTH CENTER	131	0	0	0	454		190.04
190.05	DEVELOPMENT	0	0	0	0	4		190.05
190.06	NEUROSURGERY PROF SERVICES	0	0	0	0	0		190.06
190.07	IMAGE RECOVERY	0	0	0	0	1		190.07
190.08	FAMILY SERVICES	0	0	16	0	1,642		190.08
190.09	MDWISE	0	0	0	0	19,527		190.09
190.10	CATHERINE MCAULEY CLINIC	157	0	61	0	1,923		190.10
190.11	CENTER OF HOPE	0	0	0	0	46		190.11
190.12	SELECT	0	0	0	0	944		190.12
190.13	PERCINI AS	0	0	0	0	0		190.13
192.00	PHYSICIANS' PRIVATE OFFICES	1,098	0	62	0	10,629		192.00
192.01	WORKING WELL	0	0	12	0	1,322		192.01
193.00	NONPAID WORKERS	0	0	0	0	0		193.00
194.01	REHAB	732	0	0	0	487		194.01
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)	55,398	437,872	35,142	66,813	427,686		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 4:39 pm	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	MAINTENANCE & REPAIRS	336,240					6.00
7.00	OPERATION OF PLANT	0	295,513				7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	96,762			8.00
9.00	HOUSEKEEPING	0	0	0	105,354		9.00
10.00	DIETARY	5,988	5,263	0	1,876	147,608	10.00
11.00	CAFETERIA	5,988	5,263	0	1,876	0	11.00
13.00	NURSING ADMINISTRATION	4,752	4,177	0	1,489	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	7,039	6,186	0	2,206	0	14.00
15.00	PHARMACY	3,433	3,018	0	1,076	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	12,500	10,986	0	3,917	0	16.00
17.00	SOCIAL SERVICE	741	652	0	232	0	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM	0	0	0	0	0	23.00
23.01	PARAMED PRGM - LAB	0	0	0	0	0	23.01
23.02	PARAMED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03	PARAMED PRGM - RESPIRATORY	0	0	0	0	0	23.03
23.04	PARAMED PRGM-PHARMACY	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	87,832	77,193	80,569	27,521	122,906	30.00
31.00	INTENSIVE CARE UNIT	10,075	8,855	9,056	3,157	13,815	31.00
35.00	NEWBORN INTENSIVE CARE UNIT	2,619	2,302	7	821	11	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	24,130	21,207	0	7,561	0	50.00
50.01	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	OUTPATIENT SURGERY	18,432	16,199	0	5,775	0	50.02
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	11,799	10,370	0	3,697	0	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	2,045	1,797	0	641	0	54.01
54.02	ULTRASOUND	1,340	1,178	0	420	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	1,371	1,205	0	430	0	55.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	9,154	8,045	0	2,868	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	NUCLEAR MEDICINE	1,812	1,593	0	568	0	63.01
65.00	RESPIRATORY THERAPY	3,637	3,196	0	1,139	0	65.00
66.00	PHYSICAL THERAPY	9,409	8,269	0	2,948	0	66.00
67.00	OCCUPATIONAL THERAPY	869	764	0	272	0	67.00
68.00	SPEECH PATHOLOGY	2,693	2,367	0	844	0	68.00
69.00	ELECTROCARDIOLOGY	1,514	1,330	0	474	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,371	2,084	0	743	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	PAIN CLINIC	2,621	2,303	0	821	0	76.00
76.01	ORTHOPEDICS	610	536	0	191	0	76.01
76.02	CARDIOVASCULAR SERVICES	5,371	4,720	0	1,683	0	76.02
76.03	CARDIAC REHAB	1,157	1,017	0	362	0	76.03
76.04	RADIATION ONCOLOGY	12,054	10,594	0	3,777	0	76.04
76.05	MRI	2,639	2,320	0	827	0	76.05
76.06	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	WOUND CARE	4,310	3,788	0	1,350	0	76.08
76.09	RENAL DIALYSIS	8,324	7,315	0	2,608	0	76.09
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OCC HEALTH CLINIC	0	0	0	0	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	6.00	7.00	8.00	9.00	10.00	
91.00 EMERGENCY	10,284	9,038	0	3,222	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	3,348	2,942	0	1,049	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	282,261	248,072	89,632	88,441	136,732	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	747	657	0	234	0	190.00
190.01 CONVENT	7,704	6,771	0	2,414	0	190.01
190.02 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 MEDICAL ARTS BUILDING	17,147	15,070	0	5,373	0	190.03
190.04 WOMEN'S HEALTH CENTER	795	698	0	249	0	190.04
190.05 DEVELOPMENT	0	0	0	0	0	190.05
190.06 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 MDWISE	0	0	0	0	0	190.09
190.10 CATHERINE MCAULEY CLINIC	2,335	2,052	0	732	0	190.10
190.11 CENTER OF HOPE	359	315	0	112	0	190.11
190.12 SELECT	0	0	0	0	0	190.12
190.13 PERCINI AS	8,283	7,280	0	2,595	0	190.13
192.00 PHYSICIANS' PRIVATE OFFICES	3,712	3,263	0	1,163	0	192.00
192.01 WORKING WELL	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 REHAB	12,897	11,335	7,130	4,041	10,876	194.01
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)	336,240	295,513	96,762	105,354	147,608	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 4:39 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	76,279					11.00
13.00	NURSING ADMINISTRATION	4,093	119,959				13.00
14.00	CENTRAL SERVICES & SUPPLY	1,264	2,573	248,600			14.00
15.00	PHARMACY	2,478	0	0	99,683		15.00
16.00	MEDICAL RECORDS & LIBRARY	3,988	0	35	0	295,709	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMEDICAL PRGM	0	0	0	0	0	23.00
23.01	PARAMEDICAL PRGM - LAB	90	0	0	0	0	23.01
23.02	PARAMEDICAL PRGM - RADIOLOGY	89	0	0	0	0	23.02
23.03	PARAMEDICAL PRGM - RESPIRATORY	63	0	0	0	0	23.03
23.04	PARAMEDICAL PRGM-PHARMACY	515	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	20,350	61,386	11,843	135	24,001	30.00
31.00	INTENSIVE CARE UNIT	3,678	11,550	2,317	112	5,089	31.00
35.00	NEWBORN INTENSIVE CARE UNIT	89	280	1	0	0	35.00
40.00	SUBPROVIDER - IPF	0	0	338	0	17,682	40.00
43.00	NURSERY	0	0	0	0	842	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,192	8,719	9,069	2	8,388	50.00
50.01	OPEN HEART SURGERY	1,207	3,789	694	0	883	50.01
50.02	OUTPATIENT SURGERY	1,224	3,844	251	2	3,574	50.02
51.00	RECOVERY ROOM	672	2,112	139	0	2,094	51.00
53.00	ANESTHESIOLOGY	1,933	0	868	0	2,224	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,784	0	399	0	9,242	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	47	0	2,331	0	7,678	54.01
54.02	ULTRASOUND	728	0	308	0	6,318	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	635	0	2,802	0	20,061	55.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	36,061	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	3,144	63.00
63.01	NUCLEAR MEDICINE	389	0	86	4,950	4,239	63.01
65.00	RESPIRATORY THERAPY	2,081	0	438	13	8,536	65.00
66.00	PHYSICAL THERAPY	2,740	0	116	0	3,112	66.00
67.00	OCCUPATIONAL THERAPY	0	0	63	0	1,672	67.00
68.00	SPEECH PATHOLOGY	0	0	24	0	650	68.00
69.00	ELECTROCARDIOLOGY	893	0	373	0	6,263	69.00
70.00	ELECTROENCEPHALOGRAPHY	366	0	236	0	1,532	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	128,114	0	23,015	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	78,909	0	6,262	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	93,663	35,216	73.00
76.00	PAIN CLINIC	0	0	2	0	0	76.00
76.01	ORTHOPEDICS	187	586	240	0	58	76.01
76.02	CARDIOVASCULAR SERVICES	1,829	5,744	2,335	52	9,323	76.02
76.03	CARDIAC REHAB	504	1,583	198	0	1,140	76.03
76.04	RADIATION ONCOLOGY	733	0	587	0	4,925	76.04
76.05	MRI	145	0	413	0	5,275	76.05
76.06	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	PSYCHIATRY THERAPY	0	0	0	0	1,069	76.07
76.08	WOUND CARE	531	0	298	169	1,464	76.08
76.09	RENAL DIALYSIS	0	0	0	0	1,878	76.09
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
90.01	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	EMERGENCY	6,918	17,793	3,733	454	29,214	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	3,608	0	1,006	0	3,585	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	70,043	119,959	248,566	99,552	295,709	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	137	0	0	0	0	190.00
190.01	CONVENT	0	0	0	0	0	190.01
190.02	HOME MEDICAL EQUIPMENT	22	0	0	0	0	190.02
190.03	MEDICAL ARTS BUILDING	8	0	0	0	0	190.03
190.04	WOMEN'S HEALTH CENTER	273	0	0	0	0	190.04
190.05	DEVELOPMENT	0	0	0	0	0	190.05
190.06	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	FAMILY SERVICES	799	0	0	0	0	190.08
190.09	MDWISE	224	0	0	0	0	190.09
190.10	CATHERINE MCAULEY CLINIC	544	0	0	0	0	190.10
190.11	CENTER OF HOPE	7	0	0	0	0	190.11
190.12	SELECT	0	0	0	0	0	190.12
190.13	PERCINI AS	0	0	0	0	0	190.13
192.00	PHYSICIANS' PRIVATE OFFICES	1,629	0	0	0	0	192.00
192.01	WORKING WELL	0	0	34	131	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	REHAB	2,593	0	0	0	0	194.01
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)	76,279	119,959	248,600	99,683	295,709	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADIOLOGY	
	17.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	10,107					17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,206				22.00
23.00 PARAMED ED PRGM	0		28			23.00
23.01 PARAMED ED PRGM - LAB	0			708		23.01
23.02 PARAMED ED PRGM - RADIOLOGY	0				1,062	23.02
23.03 PARAMED ED PRGM - RESPIRATORY	0					23.03
23.04 PARAMED ED PRGM-PHARMACY	0					23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	817					30.00
31.00 INTENSIVE CARE UNIT	173					31.00
35.00 NEWBORN INTENSIVE CARE UNIT	0					35.00
40.00 SUBPROVIDER - I/P	602					40.00
43.00 NURSERY	29					43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	286					50.00
50.01 OPEN HEART SURGERY	30					50.01
50.02 OUTPATIENT SURGERY	122					50.02
51.00 RECOVERY ROOM	71					51.00
53.00 ANESTHESIOLOGY	76					53.00
54.00 RADIOLOGY-DIAGNOSTIC	315					54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	261					54.01
54.02 ULTRASOUND	215					54.02
55.00 RADIOLOGY-THERAPEUTIC	0					55.00
55.01 COMPUTED TOMOGRAPHY	683					55.01
57.00 CT SCAN	0					57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00 CARDIAC CATHETERIZATION	0					59.00
60.00 LABORATORY	1,265					60.00
60.01 BLOOD LABORATORY	0					60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	107					63.00
63.01 NUCLEAR MEDICINE	144					63.01
65.00 RESPIRATORY THERAPY	291					65.00
66.00 PHYSICAL THERAPY	106					66.00
67.00 OCCUPATIONAL THERAPY	57					67.00
68.00 SPEECH PATHOLOGY	22					68.00
69.00 ELECTROCARDIOLOGY	213					69.00
70.00 ELECTROENCEPHALOGRAPHY	52					70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	784					71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	213					72.00
73.00 DRUGS CHARGED TO PATIENTS	1,199					73.00
76.00 PAIN CLINIC	0					76.00
76.01 ORTHOPEDICS	2					76.01
76.02 CARDIOVASCULAR SERVICES	318					76.02
76.03 CARDIAC REHAB	39					76.03
76.04 RADIATION ONCOLOGY	168					76.04
76.05 MRI	180					76.05
76.06 BARIATRIC CENTER	0					76.06
76.07 PSYCH ACTIVITY THERAPY	36					76.07
76.08 WOUND CARE	50					76.08
76.09 RENAL DIALYSIS	64					76.09
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0					88.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	
		SERVICES-OTHER PRGM COSTS				
	17.00	22.00	23.00	23.01	23.02	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0					89.00
90.00 CLINIC	0					90.00
90.01 OCC HEALTH CLINIC	0					90.01
91.00 EMERGENCY	995					91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0					99.10
101.00 HOME HEALTH AGENCY	122					101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,107	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190.01 CONVENT	0					190.01
190.02 HOME MEDICAL EQUIPMENT	0					190.02
190.03 MEDICAL ARTS BUILDING	0					190.03
190.04 WOMEN'S HEALTH CENTER	0					190.04
190.05 DEVELOPMENT	0					190.05
190.06 NEUROSURGERY PROF SERVICES	0					190.06
190.07 IMAGE RECOVERY	0					190.07
190.08 FAMILY SERVICES	0					190.08
190.09 MDWISE	0					190.09
190.10 CATHERINE MCAULEY CLINIC	0					190.10
190.11 CENTER OF HOPE	0					190.11
190.12 SELECT	0					190.12
190.13 PERCINI AS	0					190.13
192.00 PHYSICIANS' PRIVATE OFFICES	0					192.00
192.01 WORKING WELL	0					192.01
193.00 NONPAID WORKERS	0					193.00
194.01 REHAB	0					194.01
200.00 Cross Foot Adjustments		2,206	28	708	1,062	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	10,107	2,206	28	708	1,062	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 4:39 pm	
Cost Center Description		PARAMED PRGM - RESPTHER	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.03	23.04	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED PRGM						23.00
23.01	PARAMED PRGM - LAB						23.01
23.02	PARAMED PRGM - RADIOLOGY						23.02
23.03	PARAMED PRGM - RESPTHER	351					23.03
23.04	PARAMED PRGM-PHARMACY		3,184				23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS			1,907,141	0	1,907,141	30.00
31.00	INTENSIVE CARE UNIT			242,400	0	242,400	31.00
35.00	NEWBORN INTENSIVE CARE UNIT			17,482	0	17,482	35.00
40.00	SUBPROVIDER - IPF			43,815	0	43,815	40.00
43.00	NURSERY			7,557	0	7,557	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM			681,403	0	681,403	50.00
50.01	OPEN HEART SURGERY			26,528	0	26,528	50.01
50.02	OUTPATIENT SURGERY			297,566	0	297,566	50.02
51.00	RECOVERY ROOM			10,314	0	10,314	51.00
53.00	ANESTHESIOLOGY			107,321	0	107,321	53.00
54.00	RADIOLOGY-DIAGNOSTIC			371,666	0	371,666	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES			53,745	0	53,745	54.01
54.02	ULTRASOUND			89,239	0	89,239	54.02
55.00	RADIOLOGY-THERAPEUTIC			0	0	0	55.00
55.01	COMPUTED TOMOGRAPHY			215,443	0	215,443	55.01
57.00	CT SCAN			0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)			0	0	0	58.00
59.00	CARDIAC CATHETERIZATION			0	0	0	59.00
60.00	LABORATORY			248,235	0	248,235	60.00
60.01	BLOOD LABORATORY			0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.			8,490	0	8,490	63.00
63.01	NUCLEAR MEDICINE			167,630	0	167,630	63.01
65.00	RESPIRATORY THERAPY			179,644	0	179,644	65.00
66.00	PHYSICAL THERAPY			154,654	0	154,654	66.00
67.00	OCCUPATIONAL THERAPY			18,541	0	18,541	67.00
68.00	SPEECH PATHOLOGY			39,272	0	39,272	68.00
69.00	ELECTROCARDIOLOGY			82,452	0	82,452	69.00
70.00	ELECTROENCEPHALOGRAPHY			47,247	0	47,247	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS			169,155	0	169,155	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS			100,378	0	100,378	72.00
73.00	DRUGS CHARGED TO PATIENTS			150,952	0	150,952	73.00
76.00	PAIN CLINIC			6,462	0	6,462	76.00
76.01	ORTHOPEDECS			10,517	0	10,517	76.01
76.02	CARDIOVASCULAR SERVICES			380,936	0	380,936	76.02
76.03	CARDIAC REHAB			39,913	0	39,913	76.03
76.04	RADIATION ONCOLOGY			254,839	0	254,839	76.04
76.05	MRI			97,665	0	97,665	76.05
76.06	BARIATRIC CENTER			0	0	0	76.06
76.07	PSYCH ACTIVITY THERAPY			2,037	0	2,037	76.07
76.08	WOUND CARE			68,320	0	68,320	76.08
76.09	RENAL DIALYSIS			119,491	0	119,491	76.09
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC			0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 4:39 pm

Cost Center Description		PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.03	23.04	24.00	25.00	26.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	CLINIC			0	0	0	90.00
90.01	OCC HEALTH CLINIC			0	0	0	90.01
91.00	EMERGENCY			274,316	0	274,316	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF			0	0	0	99.10
101.00	HOME HEALTH AGENCY			126,210	0	126,210	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	6,818,976	0	6,818,976	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN			51,670	0	51,670	190.00
190.01	CONVENT			103,784	0	103,784	190.01
190.02	HOME MEDICAL EQUIPMENT			23,684	0	23,684	190.02
190.03	MEDICAL ARTS BUILDING			39,038	0	39,038	190.03
190.04	WOMEN'S HEALTH CENTER			11,285	0	11,285	190.04
190.05	DEVELOPMENT			4	0	4	190.05
190.06	NEUROSURGERY PROF SERVICES			0	0	0	190.06
190.07	IMAGE RECOVERY			320	0	320	190.07
190.08	FAMILY SERVICES			2,645	0	2,645	190.08
190.09	MDWISE			19,810	0	19,810	190.09
190.10	CATHERINE MCAULEY CLINIC			9,822	0	9,822	190.10
190.11	CENTER OF HOPE			4,627	0	4,627	190.11
190.12	SELECT			297,744	0	297,744	190.12
190.13	PERCINI AS			18,158	0	18,158	190.13
192.00	PHYSICIANS' PRIVATE OFFICES			100,842	0	100,842	192.00
192.01	WORKING WELL			1,634	0	1,634	192.01
193.00	NONPAID WORKERS			0	0	0	193.00
194.01	REHAB			185,565	0	185,565	194.01
200.00	Cross Foot Adjustments	351	3,184	7,539	0	7,539	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	351	3,184	7,697,147	0	7,697,147	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 4:39 pm

Cost Center Description	CAPITAL RELATED COSTS				
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (ALLOC OF TIME)
	1.00	2.00	4.00	5.01	5.02
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT	638,098				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		2,659,078			2.00
4.00 EMPLOYEE BENEFITS	4,249	6,214	66,687,632		4.00
5.01 COMMUNICATIONS	1,505	40,260	370,782	1,412,675	5.01
5.02 DATA PROCESSING	7,553	349,767	0	0	1,056,600 5.02
5.03 PURCHASING, RECEIVING AND STORES	1,918	5,121	323,247	18,667	34,300 5.03
5.04 ADMINISTRATION	4,378	0	966,288	56,667	74,925 5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	35,297	21,146	4,059,167	164,668	314,430 5.05
6.00 MAINTENANCE & REPAIRS	38,598	23,591	1,543,860	91,334	0 6.00
7.00 OPERATION OF PLANT	29,872	52,115	295,672	40,000	0 7.00
8.00 LAUNDRY & LINEN SERVICE	754	80,964	0	8,667	0 8.00
9.00 HOUSEKEEPING	11,001	11,919	1,494,630	9,333	0 9.00
10.00 DIETARY	10,194	50,128	375,626	18,000	0 10.00
11.00 CAFETERIA	7,966	0	480,717	0	0 11.00
13.00 NURSING ADMINISTRATION	7,206	23,947	3,197,702	44,667	12,253 13.00
14.00 CENTRAL SERVICES & SUPPLY	10,673	128,149	447,247	22,667	0 14.00
15.00 PHARMACY	5,206	5,417	2,042,087	35,334	69,558 15.00
16.00 MEDICAL RECORDS & LIBRARY	18,953	1,987	1,269,433	11,333	264,987 16.00
17.00 SOCIAL SERVICE	1,124	0	0	0	0 17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 PARAMED PRGM	0	0	0	667	0 23.00
23.01 PARAMED PRGM - LAB	0	0	76,514	667	0 23.01
23.02 PARAMED PRGM - RADIOLOGY	0	0	65,446	667	0 23.02
23.03 PARAMED PRGM - RESPIRATORY	0	0	43,375	667	0 23.03
23.04 PARAMED PRGM-PHARMACY	0	0	386,394	0	0 23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	133,177	286,535	11,104,166	209,999	0 30.00
31.00 INTENSIVE CARE UNIT	15,277	39,595	2,435,984	33,334	0 31.00
35.00 NEWBORN INTENSIVE CARE UNIT	0	10,050	0	8,667	0 35.00
40.00 SUBPROVIDER - IPF	0	1,955	2,513,885	0	0 40.00
43.00 NURSERY	0	0	1,066,389	0	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	36,588	267,039	1,288,609	78,000	22,226 50.00
50.01 OPEN HEART SURGERY	0	16,577	138,905	0	0 50.01
50.02 OUTPATIENT SURGERY	27,948	26,076	1,095,018	30,667	0 50.02
51.00 RECOVERY ROOM	0	1,791	391,215	0	0 51.00
53.00 ANESTHESIOLOGY	0	75,846	6,157,954	6,000	0 53.00
54.00 RADIOLOGY-DIAGNOSTIC	17,890	146,852	1,265,222	56,667	61,013 54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	3,101	3,238	431,811	4,000	0 54.01
54.02 ULTRASOUND	2,032	53,433	515,463	8,667	0 54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 COMPUTED TOMOGRAPHY	2,079	149,718	465,883	0	0 55.01
57.00 CT SCAN	0	0	0	0	0 57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 LABORATORY	13,880	0	0	30,667	141,402 60.00
60.01 BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	30,000	0 63.00
63.01 NUCLEAR MEDICINE	2,748	118,145	301,731	8,667	0 63.01
65.00 RESPIRATORY THERAPY	5,514	97,493	1,544,842	18,000	0 65.00
66.00 PHYSICAL THERAPY	14,266	10,395	908,082	35,334	0 66.00
67.00 OCCUPATIONAL THERAPY	1,318	0	572,856	8,000	0 67.00
68.00 SPEECH PATHOLOGY	4,084	0	220,150	2,000	0 68.00
69.00 ELECTROCARDIOLOGY	2,295	45,697	357,670	9,333	0 69.00
70.00 ELECTROENCEPHALOGRAPHY	1,864	21,309	284,036	12,667	0 70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	115,459	0	0 73.00
76.00 PAIN CLINIC	0	54	140	15,333	0 76.00
76.01 ORTHOPEDICS	925	345	110,010	0	0 76.01
76.02 CARDIOVASCULAR SERVICES	8,144	244,645	948,670	50,667	0 76.02
76.03 CARDIAC REHAB	1,754	16,830	360,888	2,000	0 76.03
76.04 RADIATION ONCOLOGY	18,277	71,893	631,469	0	0 76.04
76.05 MRI	4,002	48,767	114,166	0	0 76.05
76.06 BARIATRIC CENTER	0	0	0	0	0 76.06
76.07 PSYCH ACTIVITY THERAPY	0	0	0	0	0 76.07
76.08 WOUND CARE	6,535	3,062	455,974	20,000	0 76.08
76.09 RENAL DIALYSIS	12,621	0	590,575	0	0 76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 4:39 pm

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (ALLOC OF TIME)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)							
	1.00	2.00	4.00	5.01	5.02				
OUTPATIENT SERVICE COST CENTERS									
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	0	0	90.00
90.01	OCC HEALTH CLINIC	0	0	0	0	0	0	0	90.01
91.00	EMERGENCY	15,593	31,027	7,409,788	69,334	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)								92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	CORF	0	0	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	4,108	33,013	2,383,390	61,334	61,506			101.00
SPECIAL PURPOSE COST CENTERS									
113.00	INTEREST EXPENSE								113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	552,467	2,622,105	63,618,587	1,333,342	1,056,600			118.00
NONREIMBURSABLE COST CENTERS									
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,534	0	39,260	3,333	0			190.00
190.01	CONVENT	11,351	240	0	22,000	0			190.01
190.02	HOME MEDICAL EQUIPMENT	0	21,650	0	0	0			190.02
190.03	MEDICAL ARTS BUILDING	0	982	4,098	0	0			190.03
190.04	WOMEN'S HEALTH CENTER	1,148	0	84,614	3,333	0			190.04
190.05	DEVELOPMENT	0	0	0	0	0			190.05
190.06	NEUROSURGERY PROF SERVICES	0	0	0	0	0			190.06
190.07	IMAGE RECOVERY	0	293	0	0	0			190.07
190.08	FAMILY SERVICES	0	0	323,558	0	0			190.08
190.09	MDWISE	0	0	100,715	0	0			190.09
190.10	CATHERINE MCAULEY CLINIC	0	1,663	354,415	4,000	0			190.10
190.11	CENTER OF HOPE	503	0	7,437	0	0			190.11
190.12	SELECT	39,454	0	0	0	0			190.12
190.13	PERCINI AS	0	0	0	0	0			190.13
192.00	PHYSICIANS' PRIVATE OFFICES	8,934	10,061	1,922,141	28,000	0			192.00
192.01	WORKING WELL	0	0	232,807	0	0			192.01
193.00	NONPAID WORKERS	0	0	0	0	0			193.00
194.01	REHAB	17,707	2,084	0	18,667	0			194.01
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)	4,800,210	2,896,937	28,281,178	1,347,552	1,279,812			202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.522685	1.089452	0.424084	0.953901	1.211255			203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			38,734	55,398	437,872			204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000581	0.039215	0.414416			205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 4:39 pm

Cost Center Description	PURCHASING, RECEIVING AND STORES (COSTED REQUIS.)	ADMITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES	9,608,923					5.03
5.04 ADMITTING	12,502	402,821,166				5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	14	0	-19,589,323	134,547,736		5.05
6.00 MAINTENANCE & REPAIRS	188	0	0	4,938,037	509,833	6.00
7.00 OPERATION OF PLANT	0	0	0	3,862,049	0	7.00
8.00 LAUNDRY & LINEN SERVICE	225,240	0	0	540,924	0	8.00
9.00 HOUSEKEEPING	5,013	0	0	2,629,662	0	9.00
10.00 DIETARY	3,213	0	0	706,736	9,080	10.00
11.00 CAFETERIA	0	0	0	927,165	9,080	11.00
13.00 NURSING ADMINISTRATION	2,829	0	0	5,175,464	7,206	13.00
14.00 CENTRAL SERVICES & SUPPLY	910,792	0	0	1,556,952	10,673	14.00
15.00 PHARMACY	0	0	0	4,157,064	5,206	15.00
16.00 MEDICAL RECORDS & LIBRARY	988	0	0	2,686,253	18,953	16.00
17.00 SOCIAL SERVICE	0	0	0	8,565	1,124	17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	693,780	0	22.00
23.00 PARAMED PRGM	0	0	0	636	0	23.00
23.01 PARAMED PRGM - LAB	0	0	0	172,329	0	23.01
23.02 PARAMED PRGM - RADIOLOGY	0	0	0	285,894	0	23.02
23.03 PARAMED PRGM - RESP THER	0	0	0	74,503	0	23.03
23.04 PARAMED PRGM-PHARMACY	0	0	0	769,149	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	504,705	32,699,494	0	17,825,228	133,177	30.00
31.00 INTENSIVE CARE UNIT	132,767	6,933,416	0	3,807,228	15,277	31.00
35.00 NEWBORN INTENSIVE CARE UNIT	521	0	0	19,247	3,971	35.00
40.00 SUBPROVIDER - I/PF	9,294	24,089,517	0	5,526,630	0	40.00
43.00 NURSERY	0	1,147,434	0	1,848,383	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,153,924	11,427,783	0	3,111,113	36,588	50.00
50.01 OPEN HEART SURGERY	147,502	1,203,139	0	328,850	0	50.01
50.02 OUTPATIENT SURGERY	14,426	4,868,908	0	2,135,872	27,948	50.02
51.00 RECOVERY ROOM	185,537	2,853,524	0	595,953	0	51.00
53.00 ANESTHESIOLOGY	129,563	3,030,382	0	4,655,160	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	14,631	12,590,949	0	2,549,567	17,890	54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	913,198	10,459,986	0	2,077,626	3,101	54.01
54.02 ULTRASOUND	43,992	8,607,999	0	945,058	2,032	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 COMPUTED TOMOGRAPHY	94,940	27,330,393	0	1,368,345	2,079	55.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	11	49,073,991	0	5,829,906	13,880	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	4,282,876	0	1,054,496	0	63.00
63.01 NUCLEAR MEDICINE	6,310	5,774,857	0	933,176	2,748	63.01
65.00 RESPIRATORY THERAPY	171,602	11,629,564	0	2,660,071	5,514	65.00
66.00 PHYSICAL THERAPY	80,663	4,240,336	0	2,012,154	14,266	66.00
67.00 OCCUPATIONAL THERAPY	0	2,277,774	0	1,228,195	1,318	67.00
68.00 SPEECH PATHOLOGY	0	884,918	0	502,198	4,084	68.00
69.00 ELECTROCARDIOLOGY	11,917	8,532,530	0	726,021	2,295	69.00
70.00 ELECTROENCEPHALOGRAPHY	10,024	2,086,964	0	497,303	3,595	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,356,066	0	3,786,347	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	8,531,878	0	4,271,248	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	47,978,710	0	4,039,909	0	73.00
76.00 PAIN CLINIC	1,789	0	0	15,210	3,974	76.00
76.01 ORTHOPEDICS	38,582	79,139	0	174,636	925	76.01
76.02 CARDIOVASCULAR SERVICES	2,753,825	12,701,655	0	2,218,884	8,144	76.02
76.03 CARDIAC REHAB	5,702	1,553,458	0	571,226	1,754	76.03
76.04 RADIATION ONCOLOGY	18,978	6,710,477	0	1,458,064	18,277	76.04
76.05 MRI	21,688	7,186,666	0	406,747	4,002	76.05
76.06 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 PSYCH ACTIVITY THERAPY	0	1,456,841	0	217,018	0	76.07
76.08 WOUND CARE	114,204	1,994,952	0	649,697	6,535	76.08
76.09 RENAL DIALYSIS	0	2,559,033	0	1,129,363	12,621	76.09
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 4:39 pm

Cost Center Description		PURCHASING, RECEIVING AND STORES (COSTED REQUIS.)	ADMINISTRATIVE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OCC HEALTH CLINIC	0	0	2,210	0	0	90.01
91.00	EMERGENCY	737,667	39,800,833	0	7,937,293	15,593	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	89,014	4,884,724	0	4,172,549	5,076	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,567,755	402,821,166	-19,587,113	122,471,133	427,986	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	184,960	1,133	190.00
190.01	CONVENT	0	0	0	119,820	11,682	190.01
190.02	HOME MEDICAL EQUIPMENT	0	0	0	23,587	0	190.02
190.03	MEDICAL ARTS BUILDING	0	0	0	115,794	26,000	190.03
190.04	WOMEN'S HEALTH CENTER	0	0	0	142,904	1,205	190.04
190.05	DEVELOPMENT	0	0	0	1,387	0	190.05
190.06	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	IMAGE RECOVERY	0	0	0	319	0	190.07
190.08	FAMILY SERVICES	4,471	0	0	516,540	0	190.08
190.09	MDWISE	0	0	0	6,142,462	0	190.09
190.10	CATHERINE MCAULEY CLINIC	16,683	0	0	604,871	3,540	190.10
190.11	CENTER OF HOPE	0	0	0	14,375	544	190.11
190.12	SELECT	0	0	0	296,945	0	190.12
190.13	PERCINI AS	0	0	0	0	12,559	190.13
192.00	PHYSICIANS' PRIVATE OFFICES	16,845	0	0	3,343,365	5,629	192.00
192.01	WORKING WELL	3,169	0	0	415,994	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	REHAB	0	0	0	153,280	19,555	194.01
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)	579,895	2,487,226		19,589,323	5,656,986	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.060350	0.006175		0.145594	11.095763	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	35,142	66,813		427,686	336,240	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.003657	0.000166		0.003179	0.659510	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 4:39 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT	509,833					7.00
8.00 LAUNDRY & LINEN SERVICE	0	794,186				8.00
9.00 HOUSEKEEPING	0	0	509,833			9.00
10.00 DIETARY	9,080	0	9,080	171,698		10.00
11.00 CAFETERIA	9,080	0	9,080	0	1,835,445	11.00
13.00 NURSING ADMINISTRATION	7,206	0	7,206	0	98,498	13.00
14.00 CENTRAL SERVICES & SUPPLY	10,673	0	10,673	0	30,420	14.00
15.00 PHARMACY	5,206	0	5,206	0	59,638	15.00
16.00 MEDICAL RECORDS & LIBRARY	18,953	0	18,953	0	95,968	16.00
17.00 SOCIAL SERVICE	1,124	0	1,124	0	0	17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
23.01 PARAMED ED PRGM - LAB	0	0	0	0	2,160	23.01
23.02 PARAMED ED PRGM - RADIOLOGY	0	0	0	0	2,145	23.02
23.03 PARAMED ED PRGM - RESP THER	0	0	0	0	1,517	23.03
23.04 PARAMED ED PRGM-PHARMACY	0	0	0	0	12,395	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	133,177	661,280	133,177	142,964	489,548	30.00
31.00 INTENSIVE CARE UNIT	15,277	74,330	15,277	16,070	88,496	31.00
35.00 NEWBORN INTENSIVE CARE UNIT	3,971	58	3,971	13	2,138	35.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	36,588	0	36,588	0	76,802	50.00
50.01 OPEN HEART SURGERY	0	0	0	0	29,041	50.01
50.02 OUTPATIENT SURGERY	27,948	0	27,948	0	29,444	50.02
51.00 RECOVERY ROOM	0	0	0	0	16,180	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	46,524	53.00
54.00 RADIOLOGY-DIAGNOSTIC	17,890	0	17,890	0	66,997	54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	3,101	0	3,101	0	1,138	54.01
54.02 ULTRASOUND	2,032	0	2,032	0	17,513	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 COMPUTED TOMOGRAPHY	2,079	0	2,079	0	15,274	55.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	13,880	0	13,880	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01 NUCLEAR MEDICINE	2,748	0	2,748	0	9,356	63.01
65.00 RESPIRATORY THERAPY	5,514	0	5,514	0	50,077	65.00
66.00 PHYSICAL THERAPY	14,266	0	14,266	0	65,920	66.00
67.00 OCCUPATIONAL THERAPY	1,318	0	1,318	0	0	67.00
68.00 SPEECH PATHOLOGY	4,084	0	4,084	0	0	68.00
69.00 ELECTROCARDIOLOGY	2,295	0	2,295	0	21,481	69.00
70.00 ELECTROENCEPHALOGRAPHY	3,595	0	3,595	0	8,808	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 PAIN CLINIC	3,974	0	3,974	0	1	76.00
76.01 ORTHOPEDICS	925	0	925	0	4,503	76.01
76.02 CARDIOVASCULAR SERVICES	8,144	0	8,144	0	44,020	76.02
76.03 CARDIAC REHAB	1,754	0	1,754	0	12,130	76.03
76.04 RADIATION ONCOLOGY	18,277	0	18,277	0	17,649	76.04
76.05 MRI	4,002	0	4,002	0	3,501	76.05
76.06 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 WOUND CARE	6,535	0	6,535	0	12,785	76.08
76.09 RENAL DIALYSIS	12,621	0	12,621	0	0	76.09
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	
		7.00	8.00	9.00	10.00	11.00	
90.00	CLINIC	0	0	0	0	6	90.00
90.01	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	EMERGENCY	15,593	0	15,593	0	166,467	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	5,076	0	5,076	0	86,826	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	427,986	735,668	427,986	159,047	1,685,366	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,133	0	1,133	0	3,293	190.00
190.01	CONVENT	11,682	0	11,682	0	0	190.01
190.02	HOME MEDICAL EQUIPMENT	0	0	0	0	538	190.02
190.03	MEDICAL ARTS BUILDING	26,000	0	26,000	0	182	190.03
190.04	WOMEN'S HEALTH CENTER	1,205	0	1,205	0	6,558	190.04
190.05	DEVELOPMENT	0	0	0	0	0	190.05
190.06	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	FAMILY SERVICES	0	0	0	0	19,233	190.08
190.09	MDWISE	0	0	0	0	5,400	190.09
190.10	CATHERINE MCAULEY CLINIC	3,540	0	3,540	0	13,096	190.10
190.11	CENTER OF HOPE	544	0	544	0	175	190.11
190.12	SELECT	0	0	0	0	0	190.12
190.13	PERCINI AS	12,559	0	12,559	0	0	190.13
192.00	PHYSICIANS' PRIVATE OFFICES	5,629	0	5,629	0	39,201	192.00
192.01	WORKING WELL	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	REHAB	19,555	58,518	19,555	12,651	62,403	194.01
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)	4,424,340	619,679	3,012,525	1,042,831	1,295,353	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.678018	0.780269	5.908847	6.073635	0.705743	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	295,513	96,762	105,354	147,608	76,279	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.579627	0.121838	0.206644	0.859696	0.041559	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	
	(DIRECT NRSING HRS)					
	13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	44,193					13.00
14.00 CENTRAL SERVICES & SUPPLY	948	6,971,367				14.00
15.00 PHARMACY	0	0	4,114,911			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	988	0	402,821,166		16.00
17.00 SOCIAL SERVICE	0	0	0	0	402,821,166	17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED PRGM	0	0	0	0	0	23.00
23.01 PARAMED PRGM - LAB	0	0	0	0	0	23.01
23.02 PARAMED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03 PARAMED PRGM - RESP THER	0	0	0	0	0	23.03
23.04 PARAMED PRGM-PHARMACY	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	22,615	332,099	5,585	32,699,494	32,699,494	30.00
31.00 INTENSIVE CARE UNIT	4,255	64,985	4,604	6,933,416	6,933,416	31.00
35.00 NEWBORN INTENSIVE CARE UNIT	103	17	0	0	0	35.00
40.00 SUBPROVIDER - IPF	0	9,473	0	24,089,517	24,089,517	40.00
43.00 NURSERY	0	0	0	1,147,434	1,147,434	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,212	254,316	84	11,427,783	11,427,783	50.00
50.01 OPEN HEART SURGERY	1,396	19,459	0	1,203,139	1,203,139	50.01
50.02 OUTPATIENT SURGERY	1,416	7,052	100	4,868,908	4,868,908	50.02
51.00 RECOVERY ROOM	778	3,884	5	2,853,524	2,853,524	51.00
53.00 ANESTHESIOLOGY	0	24,338	5	3,030,382	3,030,382	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	11,176	0	12,590,949	12,590,949	54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	0	65,360	0	10,459,986	10,459,986	54.01
54.02 ULTRASOUND	0	8,631	5	8,607,999	8,607,999	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 COMPUTED TOMOGRAPHY	0	78,566	0	27,330,393	27,330,393	55.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	49,073,991	49,073,991	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,282,876	4,282,876	63.00
63.01 NUCLEAR MEDICINE	0	2,402	204,330	5,774,857	5,774,857	63.01
65.00 RESPIRATORY THERAPY	0	12,272	532	11,629,564	11,629,564	65.00
66.00 PHYSICAL THERAPY	0	3,239	0	4,240,336	4,240,336	66.00
67.00 OCCUPATIONAL THERAPY	0	1,762	0	2,277,774	2,277,774	67.00
68.00 SPEECH PATHOLOGY	0	674	0	884,918	884,918	68.00
69.00 ELECTROCARDIOLOGY	0	10,466	0	8,532,530	8,532,530	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	6,610	0	2,086,964	2,086,964	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,592,723	0	31,356,066	31,356,066	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	2,212,823	0	8,531,878	8,531,878	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	3,866,384	47,978,710	47,978,710	73.00
76.00 PAIN CLINIC	0	47	0	0	0	76.00
76.01 ORTHOPEDICS	216	6,721	0	79,139	79,139	76.01
76.02 CARDIOVASCULAR SERVICES	2,116	65,478	2,130	12,701,655	12,701,655	76.02
76.03 CARDIAC REHAB	583	5,549	0	1,553,458	1,553,458	76.03
76.04 RADIATION ONCOLOGY	0	16,456	0	6,710,477	6,710,477	76.04
76.05 MRI	0	11,592	0	7,186,666	7,186,666	76.05
76.06 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 PSYCH ACTIVITY THERAPY	0	0	0	1,456,841	1,456,841	76.07
76.08 WOUND CARE	0	8,362	6,994	1,994,952	1,994,952	76.08
76.09 RENAL DIALYSIS	0	0	0	2,559,033	2,559,033	76.09
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	
		13.00	14.00	15.00	16.00	17.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	EMERGENCY	6,555	104,690	18,757	39,800,833	39,800,833	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	28,198	0	4,884,724	4,884,724	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	44,193	6,970,408	4,109,515	402,821,166	402,821,166	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	CONVENT	0	0	0	0	0	190.01
190.02	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	DEVELOPMENT	0	0	0	0	0	190.05
190.06	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	MDWISE	0	0	0	0	0	190.09
190.10	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	CENTER OF HOPE	0	0	0	0	0	190.11
190.12	SELECT	0	0	0	0	0	190.12
190.13	PERCINI AS	0	0	0	0	0	190.13
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	WORKING WELL	0	959	5,396	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	REHAB	0	0	0	0	0	194.01
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)	6,183,564	2,211,860	4,938,101	3,632,159	38,680	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	139.921798	0.317278	1.200050	0.009017	0.000096	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	119,959	248,600	99,683	295,709	10,107	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.714434	0.035660	0.024225	0.000734	0.000025	205.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (NO STATISTICS)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	101					22.00
23.00 PARAMED PRGM		764				23.00
23.01 PARAMED PRGM - LAB		0	177,707			23.01
23.02 PARAMED PRGM - RADIOLOGY		0	0	179,458		23.02
23.03 PARAMED PRGM - RESP THER		0	0	0	114,230	23.03
23.04 PARAMED PRGM-PHARMACY		0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1	0	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
43.00 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	20	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	170,485	0	54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	0	0	0	3,589	0	54.01
54.02 ULTRASOUND	0	0	0	1,795	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 COMPUTED TOMOGRAPHY	0	0	0	3,589	0	55.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	145,720	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	28,433	0	0	63.00
63.01 NUCLEAR MEDICINE	0	0	3,554	0	0	63.01
65.00 RESPIRATORY THERAPY	0	0	0	0	114,230	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 PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	764	0	0	0	73.00
76.00 PAIN CLINIC	0	0	0	0	0	76.00
76.01 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 CARDIAC REHAB	0	0	0	0	0	76.03
76.04 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 MRI	0	0	0	0	0	76.05
76.06 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 WOUND CARE	0	0	0	0	0	76.08
76.09 RENAL DIALYSIS	0	0	0	0	0	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (NO STATISTICS)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02	23.03	
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 EMERGENCY	80	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	101	764	177,707	179,458	114,230	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 CONVENT	0	0	0	0	0	190.01
190.02 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05 DEVELOPMENT	0	0	0	0	0	190.05
190.06 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 MDWISE	0	0	0	0	0	190.09
190.10 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 CENTER OF HOPE	0	0	0	0	0	190.11
190.12 SELECT	0	0	0	0	0	190.12
190.13 PERCINI AS	0	0	0	0	0	190.13
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 WORKING WELL	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 REHAB	0	0	0	0	0	194.01
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)	794,790	729	198,943	329,032	86,421	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	7,869.207921	0.954188	1.119500	1.833476	0.756553	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	2,206	28	708	1,062	351	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	21.841584	0.036649	0.003984	0.005918	0.003073	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM-PHARMACY (NO STATISTICS)	
		23.04	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	COMMUNICATIONS		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING, RECEIVING AND STORES		5.03
5.04	ADMITTING		5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED PRGM		23.00
23.01	PARAMED PRGM - LAB		23.01
23.02	PARAMED PRGM - RADIOLOGY		23.02
23.03	PARAMED PRGM - RESP THER		23.03
23.04	PARAMED PRGM-PHARMACY	715,898	23.04
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	0	30.00
31.00	INTENSIVE CARE UNIT	0	31.00
35.00	NEWBORN INTENSIVE CARE UNIT	0	35.00
40.00	SUBPROVIDER - IPF	0	40.00
43.00	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	50.00
50.01	OPEN HEART SURGERY	0	50.01
50.02	OUTPATIENT SURGERY	0	50.02
51.00	RECOVERY ROOM	0	51.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	0	54.01
54.02	ULTRASOUND	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	COMPUTED TOMOGRAPHY	0	55.01
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	0	60.00
60.01	BLOOD LABORATORY	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
63.01	NUCLEAR MEDICINE	0	63.01
65.00	RESPIRATORY THERAPY	0	65.00
66.00	PHYSICAL THERAPY	0	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	715,898	73.00
76.00	PAIN CLINIC	0	76.00
76.01	ORTHOPEDICS	0	76.01
76.02	CARDIOVASCULAR SERVICES	0	76.02
76.03	CARDIAC REHAB	0	76.03
76.04	RADIATION ONCOLOGY	0	76.04
76.05	MRI	0	76.05
76.06	BARITRIC CENTER	0	76.06
76.07	PSYCH ACTIVITY THERAPY	0	76.07
76.08	WOUND CARE	0	76.08
76.09	RENAL DIALYSIS	0	76.09
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM-PHARMACY (NO STATISTICS) 23.04	
90.00	CLINIC	0	90.00
90.01	OCC HEALTH CLINIC	0	90.01
91.00	EMERGENCY	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF	0	99.10
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	715,898	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	CONVENT	0	190.01
190.02	HOME MEDICAL EQUIPMENT	0	190.02
190.03	MEDICAL ARTS BUILDING	0	190.03
190.04	WOMEN'S HEALTH CENTER	0	190.04
190.05	DEVELOPMENT	0	190.05
190.06	NEUROSURGERY PROF SERVICES	0	190.06
190.07	IMAGE RECOVERY	0	190.07
190.08	FAMILY SERVICES	0	190.08
190.09	MDWISE	0	190.09
190.10	CATHERINE MCAULEY CLINIC	0	190.10
190.11	CENTER OF HOPE	0	190.11
190.12	SELECT	0	190.12
190.13	PERCINI AS	0	190.13
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	WORKING WELL	0	192.01
193.00	NONPAID WORKERS	0	193.00
194.01	REHAB	0	194.01
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)	889,880	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.243026	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,184	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.004448	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 4:39 pm		
		Title XVIIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		29,144,967	0	29,144,967	30.00
31.00	INTENSIVE CARE UNIT		5,656,641	0	5,656,641	31.00
35.00	NEWBORN INTENSIVE CARE UNIT		140,084	0	140,084	35.00
40.00	SUBPROVIDER - I PF		6,553,808	0	6,553,808	40.00
43.00	NURSERY		2,127,952	0	2,127,952	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		5,192,310	0	5,192,310	50.00
50.01	OPEN HEART SURGERY		609,694	19,069	628,763	50.01
50.02	OUTPATIENT SURGERY		3,430,255	0	3,430,255	50.02
51.00	RECOVERY ROOM		830,240	0	830,240	51.00
53.00	ANESTHESIOLOGY		5,401,101	0	5,401,101	53.00
54.00	RADIOLOGY-DIAGNOSTIC		3,858,383	0	3,858,383	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES		2,583,200	0	2,583,200	54.01
54.02	ULTRASOUND		1,231,680	0	1,231,680	54.02
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	COMPUTED TOMOGRAPHY		1,912,311	0	1,912,311	55.01
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		7,645,453	0	7,645,453	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.		1,278,885	0	1,278,885	63.00
63.01	NUCLEAR MEDICINE		1,448,793	0	1,448,793	63.01
65.00	RESPIRATORY THERAPY	0	3,421,249	6,283	3,427,532	65.00
66.00	PHYSICAL THERAPY	0	2,757,694	0	2,757,694	66.00
67.00	OCCUPATIONAL THERAPY	0	1,462,180	0	1,462,180	67.00
68.00	SPEECH PATHOLOGY	0	688,481	0	688,481	68.00
69.00	ELECTROCARDIOLOGY		986,905	0	986,905	69.00
70.00	ELECTROENCEPHALOGRAPHY		689,366	1,865	691,231	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,763,255	0	5,763,255	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		5,672,947	0	5,672,947	72.00
73.00	DRUGS CHARGED TO PATIENTS		10,595,793	0	10,595,793	73.00
76.00	PAIN CLINIC		119,503	0	119,503	76.00
76.01	ORTHOPEDICS		260,074	0	260,074	76.01
76.02	CARDIOVASCULAR SERVICES		3,217,323	23,498	3,240,821	76.02
76.03	CARDIAC REHAB		805,493	0	805,493	76.03
76.04	RADIATION ONCOLOGY		2,218,579	0	2,218,579	76.04
76.05	MRI		640,389	0	640,389	76.05
76.06	BARITRIC CENTER		0	0	0	76.06
76.07	PSYCH ACTIVITY THERAPY		261,891	0	261,891	76.07
76.08	WOUND CARE		950,374	0	950,374	76.08
76.09	RENAL DIALYSIS		1,641,253	0	1,641,253	76.09
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		4	0	4	90.00
90.01	OCC HEALTH CLINIC		0	0	0	90.01
91.00	EMERGENCY		10,946,484	44,872	10,991,356	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,964,231	0	1,964,231	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF		0	0	0	99.10
101.00	HOME HEALTH AGENCY		5,025,151	0	5,025,151	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		139,134,376	95,587	139,229,963	200.00
201.00	Less Observation Beds		1,964,231		1,964,231	201.00
202.00	Total (see instructions)		137,170,145	95,587	137,265,732	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/29/2012 4:39 pm	
		Title XVIIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	30,732,820		30,732,820			30.00
31.00	INTENSIVE CARE UNIT	6,933,416		6,933,416			31.00
35.00	NEWBORN INTENSIVE CARE UNIT	0		0			35.00
40.00	SUBPROVIDER - IPF	24,089,517		24,089,517			40.00
43.00	NURSERY	1,147,434		1,147,434			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,938,100	6,489,683	11,427,783	0.454358	0.000000	50.00
50.01	OPEN HEART SURGERY	1,203,139	0	1,203,139	0.506753	0.000000	50.01
50.02	OUTPATIENT SURGERY	2,379,622	2,489,286	4,868,908	0.704522	0.000000	50.02
51.00	RECOVERY ROOM	1,278,445	1,575,079	2,853,524	0.290953	0.000000	51.00
53.00	ANESTHESIOLOGY	1,115,342	1,915,040	3,030,382	1.782317	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,852,219	7,738,730	12,590,949	0.306441	0.000000	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	4,008,238	6,451,748	10,459,986	0.246960	0.000000	54.01
54.02	ULTRASOUND	3,670,131	4,937,868	8,607,999	0.143086	0.000000	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	COMPUTED TOMOGRAPHY	11,623,394	15,706,999	27,330,393	0.069970	0.000000	55.01
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	27,920,893	21,153,098	49,073,991	0.155794	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	3,661,005	621,871	4,282,876	0.298604	0.000000	63.00
63.01	NUCLEAR MEDICINE	2,413,357	3,361,500	5,774,857	0.250879	0.000000	63.01
65.00	RESPIRATORY THERAPY	10,558,094	1,071,470	11,629,564	0.294185	0.000000	65.00
66.00	PHYSICAL THERAPY	2,945,399	1,294,937	4,240,336	0.650348	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	2,054,735	223,039	2,277,774	0.641934	0.000000	67.00
68.00	SPEECH PATHOLOGY	712,478	172,440	884,918	0.778017	0.000000	68.00
69.00	ELECTROCARDIOLOGY	5,633,948	2,898,582	8,532,530	0.115664	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	21,673	2,065,291	2,086,964	0.330320	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,054,117	9,301,949	31,356,066	0.183800	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	5,226,828	3,305,050	8,531,878	0.664912	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	40,408,320	7,570,390	47,978,710	0.220844	0.000000	73.00
76.00	PAIN CLINIC	0	0	0	0.000000	0.000000	76.00
76.01	ORTHOPEDICS	14,446	64,693	79,139	3.286294	0.000000	76.01
76.02	CARDIOVASCULAR SERVICES	9,062,410	3,639,245	12,701,655	0.253300	0.000000	76.02
76.03	CARDIAC REHAB	513,456	1,040,002	1,553,458	0.518516	0.000000	76.03
76.04	RADIATION ONCOLOGY	513,470	6,197,007	6,710,477	0.330614	0.000000	76.04
76.05	MRI	3,020,945	4,165,721	7,186,666	0.089108	0.000000	76.05
76.06	BARITRIC CENTER	0	0	0	0.000000	0.000000	76.06
76.07	PSYCH ACTIVITY THERAPY	1,456,841	0	1,456,841	0.179766	0.000000	76.07
76.08	WOUND CARE	0	1,994,952	1,994,952	0.476389	0.000000	76.08
76.09	RENAL DIALYSIS	2,546,650	12,383	2,559,033	0.641357	0.000000	76.09
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	OCC HEALTH CLINIC	0	0	0	0.000000	0.000000	90.01
91.00	EMERGENCY	13,582,624	26,218,209	39,800,833	0.275032	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	286,038	1,680,636	1,966,674	0.998758	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0			99.10
101.00	HOME HEALTH AGENCY	0	4,884,724	4,884,724			101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	252,579,544	150,241,622	402,821,166			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	252,579,544	150,241,622	402,821,166			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 4:39 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
35.00	NEWBORN INTENSIVE CARE UNIT			35.00
40.00	SUBPROVIDER - IPF			40.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.454358		50.00
50.01	OPEN HEART SURGERY	0.522602		50.01
50.02	OUTPATIENT SURGERY	0.704522		50.02
51.00	RECOVERY ROOM	0.290953		51.00
53.00	ANESTHESIOLOGY	1.782317		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.306441		54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	0.246960		54.01
54.02	ULTRASOUND	0.143086		54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	COMPUTED TOMOGRAPHY	0.069970		55.01
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.155794		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.298604		63.00
63.01	NUCLEAR MEDICINE	0.250879		63.01
65.00	RESPIRATORY THERAPY	0.294726		65.00
66.00	PHYSICAL THERAPY	0.650348		66.00
67.00	OCCUPATIONAL THERAPY	0.641934		67.00
68.00	SPEECH PATHOLOGY	0.778017		68.00
69.00	ELECTROCARDIOLOGY	0.115664		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.331214		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.183800		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.664912		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.220844		73.00
76.00	PAIN CLINIC	0.000000		76.00
76.01	ORTHOPEDICS	3.286294		76.01
76.02	CARDIOVASCULAR SERVICES	0.255150		76.02
76.03	CARDIAC REHAB	0.518516		76.03
76.04	RADIATION ONCOLOGY	0.330614		76.04
76.05	MRI	0.089108		76.05
76.06	BARITRIC CENTER	0.000000		76.06
76.07	PSYCH ACTIVITY THERAPY	0.179766		76.07
76.08	WOUND CARE	0.476389		76.08
76.09	RENAL DIALYSIS	0.641357		76.09
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
90.01	OCC HEALTH CLINIC	0.000000		90.01
91.00	EMERGENCY	0.276159		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.998758		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE			113.00
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: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 4:39 pm	
		Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		29,144,967	0	29,144,967
31.00	INTENSIVE CARE UNIT		5,656,641	0	5,656,641
35.00	NEWBORN INTENSIVE CARE UNIT		140,084	0	140,084
40.00	SUBPROVIDER - I PF		6,553,808	0	6,553,808
43.00	NURSERY		2,127,952	0	2,127,952
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM		5,192,310	0	5,192,310
50.01	OPEN HEART SURGERY		609,694	19,069	628,763
50.02	OUTPATIENT SURGERY		3,430,255	0	3,430,255
51.00	RECOVERY ROOM		830,240	0	830,240
53.00	ANESTHESIOLOGY		5,401,101	0	5,401,101
54.00	RADIOLOGY-DIAGNOSTIC		3,858,383	0	3,858,383
54.01	RADIOLOGY SPECIAL PROCEDURES		2,583,200	0	2,583,200
54.02	ULTRASOUND		1,231,680	0	1,231,680
55.00	RADIOLOGY-THERAPEUTIC		0	0	0
55.01	COMPUTED TOMOGRAPHY		1,912,311	0	1,912,311
57.00	CT SCAN		0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0
59.00	CARDIAC CATHETERIZATION		0	0	0
60.00	LABORATORY		7,645,453	0	7,645,453
60.01	BLOOD LABORATORY		0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.		1,278,885	0	1,278,885
63.01	NUCLEAR MEDICINE		1,448,793	0	1,448,793
65.00	RESPIRATORY THERAPY	0	3,421,249	6,283	3,427,532
66.00	PHYSICAL THERAPY	0	2,757,694	0	2,757,694
67.00	OCCUPATIONAL THERAPY	0	1,462,180	0	1,462,180
68.00	SPEECH PATHOLOGY	0	688,481	0	688,481
69.00	ELECTROCARDIOLOGY		986,905	0	986,905
70.00	ELECTROENCEPHALOGRAPHY		689,366	1,865	691,231
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,763,255	0	5,763,255
72.00	IMPL. DEV. CHARGED TO PATIENTS		5,672,947	0	5,672,947
73.00	DRUGS CHARGED TO PATIENTS		10,595,793	0	10,595,793
76.00	PAIN CLINIC		119,503	0	119,503
76.01	ORTHOPEDICS		260,074	0	260,074
76.02	CARDIOVASCULAR SERVICES		3,217,323	23,498	3,240,821
76.03	CARDIAC REHAB		805,493	0	805,493
76.04	RADIATION ONCOLOGY		2,218,579	0	2,218,579
76.05	MRI		640,389	0	640,389
76.06	BARITRIC CENTER		0	0	0
76.07	PSYCH ACTIVITY THERAPY		261,891	0	261,891
76.08	WOUND CARE		950,374	0	950,374
76.09	RENAL DIALYSIS		1,641,253	0	1,641,253
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC		0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	CLINIC		4	0	4
90.01	OCC HEALTH CLINIC		0	0	0
91.00	EMERGENCY		10,946,484	44,872	10,991,356
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,964,231	0	1,964,231
OTHER REIMBURSABLE COST CENTERS					
99.10	CORF		0	0	0
101.00	HOME HEALTH AGENCY		5,025,151	0	5,025,151
SPECIAL PURPOSE COST CENTERS					
113.00	INTEREST EXPENSE				
200.00	Subtotal (see instructions)		139,134,376	95,587	139,229,963
201.00	Less Observation Beds		1,964,231		1,964,231
202.00	Total (see instructions)		137,170,145	95,587	137,265,732

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 4:39 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	30,732,820		30,732,820		30.00
31.00	INTENSIVE CARE UNIT	6,933,416		6,933,416		31.00
35.00	NEWBORN INTENSIVE CARE UNIT	0		0		35.00
40.00	SUBPROVIDER - IPF	24,089,517		24,089,517		40.00
43.00	NURSERY	1,147,434		1,147,434		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	4,938,100	6,489,683	11,427,783	0.454358	50.00
50.01	OPEN HEART SURGERY	1,203,139	0	1,203,139	0.506753	50.01
50.02	OUTPATIENT SURGERY	2,379,622	2,489,286	4,868,908	0.704522	50.02
51.00	RECOVERY ROOM	1,278,445	1,575,079	2,853,524	0.290953	51.00
53.00	ANESTHESIOLOGY	1,115,342	1,915,040	3,030,382	1.782317	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,852,219	7,738,730	12,590,949	0.306441	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	4,008,238	6,451,748	10,459,986	0.246960	54.01
54.02	ULTRASOUND	3,670,131	4,937,868	8,607,999	0.143086	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	COMPUTED TOMOGRAPHY	11,623,394	15,706,999	27,330,393	0.069970	55.01
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	27,920,893	21,153,098	49,073,991	0.155794	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	3,661,005	621,871	4,282,876	0.298604	63.00
63.01	NUCLEAR MEDICINE	2,413,357	3,361,500	5,774,857	0.250879	63.01
65.00	RESPIRATORY THERAPY	10,558,094	1,071,470	11,629,564	0.294185	65.00
66.00	PHYSICAL THERAPY	2,945,399	1,294,937	4,240,336	0.650348	66.00
67.00	OCCUPATIONAL THERAPY	2,054,735	223,039	2,277,774	0.641934	67.00
68.00	SPEECH PATHOLOGY	712,478	172,440	884,918	0.778017	68.00
69.00	ELECTROCARDIOLOGY	5,633,948	2,898,582	8,532,530	0.115664	69.00
70.00	ELECTROENCEPHALOGRAPHY	21,673	2,065,291	2,086,964	0.330320	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,054,117	9,301,949	31,356,066	0.183800	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	5,226,828	3,305,050	8,531,878	0.664912	72.00
73.00	DRUGS CHARGED TO PATIENTS	40,408,320	7,570,390	47,978,710	0.220844	73.00
76.00	PAIN CLINIC	0	0	0	0.000000	76.00
76.01	ORTHOPEDICS	14,446	64,693	79,139	3.286294	76.01
76.02	CARDIOVASCULAR SERVICES	9,062,410	3,639,245	12,701,655	0.253300	76.02
76.03	CARDIAC REHAB	513,456	1,040,002	1,553,458	0.518516	76.03
76.04	RADIATION ONCOLOGY	513,470	6,197,007	6,710,477	0.330614	76.04
76.05	MRI	3,020,945	4,165,721	7,186,666	0.089108	76.05
76.06	BARITRIC CENTER	0	0	0	0.000000	76.06
76.07	PSYCH ACTIVITY THERAPY	1,456,841	0	1,456,841	0.179766	76.07
76.08	WOUND CARE	0	1,994,952	1,994,952	0.476389	76.08
76.09	RENAL DIALYSIS	2,546,650	12,383	2,559,033	0.641357	76.09
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	90.00
90.01	OCC HEALTH CLINIC	0	0	0	0.000000	90.01
91.00	EMERGENCY	13,582,624	26,218,209	39,800,833	0.275032	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	286,038	1,680,636	1,966,674	0.998758	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	4,884,724	4,884,724		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	252,579,544	150,241,622	402,821,166		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	252,579,544	150,241,622	402,821,166		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 4:39 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
35.00	NEWBORN INTENSIVE CARE UNIT			35.00
40.00	SUBPROVIDER - IPF			40.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.454358		50.00
50.01	OPEN HEART SURGERY	0.522602		50.01
50.02	OUTPATIENT SURGERY	0.704522		50.02
51.00	RECOVERY ROOM	0.290953		51.00
53.00	ANESTHESIOLOGY	1.782317		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.306441		54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	0.246960		54.01
54.02	ULTRASOUND	0.143086		54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	COMPUTED TOMOGRAPHY	0.069970		55.01
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.155794		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.298604		63.00
63.01	NUCLEAR MEDICINE	0.250879		63.01
65.00	RESPIRATORY THERAPY	0.294726		65.00
66.00	PHYSICAL THERAPY	0.650348		66.00
67.00	OCCUPATIONAL THERAPY	0.641934		67.00
68.00	SPEECH PATHOLOGY	0.778017		68.00
69.00	ELECTROCARDIOLOGY	0.115664		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.331214		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.183800		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.664912		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.220844		73.00
76.00	PAIN CLINIC	0.000000		76.00
76.01	ORTHOPEDICS	3.286294		76.01
76.02	CARDIOVASCULAR SERVICES	0.255150		76.02
76.03	CARDIAC REHAB	0.518516		76.03
76.04	RADIATION ONCOLOGY	0.330614		76.04
76.05	MRI	0.089108		76.05
76.06	BARIATRIC CENTER	0.000000		76.06
76.07	PSYCH ACTIVITY THERAPY	0.179766		76.07
76.08	WOUND CARE	0.476389		76.08
76.09	RENAL DIALYSIS	0.641357		76.09
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
90.01	OCC HEALTH CLINIC	0.000000		90.01
91.00	EMERGENCY	0.276159		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.998758		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/29/2012 4:39 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,907,141	0	1,907,141	36,412	52.38	30.00
31.00	INTENSIVE CARE UNIT	242,400		242,400	3,817	63.51	31.00
35.00	NEWBORN INTENSIVE CARE UNIT	17,482		17,482	0	0.00	35.00
40.00	SUBPROVIDER - IPF	43,815	0	43,815	9,123	4.80	40.00
43.00	NURSERY	7,557		7,557	1,028	7.35	43.00
200.00	Total (Lines 30-199)	2,218,395		2,218,395	50,380		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/29/2012 4:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	20,527	1,075,204		30.00
31.00 INTENSIVE CARE UNIT	2,217	140,802		31.00
35.00 NEWBORN INTENSIVE CARE UNIT	0	0		35.00
40.00 SUBPROVIDER - IPF	1,650	7,920		40.00
43.00 NURSERY	0	0		43.00
200.00 Total (Lines 30-199)	24,394	1,223,926		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 4:39 pm	
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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	681,403	11,427,783	0.059627	2,059,329	122,792	50.00
50.01	OPEN HEART SURGERY	26,528	1,203,139	0.022049	768,179	16,938	50.01
50.02	OUTPATIENT SURGERY	297,566	4,868,908	0.061116	1,537,583	93,971	50.02
51.00	RECOVERY ROOM	10,314	2,853,524	0.003614	546,135	1,974	51.00
53.00	ANESTHESIOLOGY	107,321	3,030,382	0.035415	488,308	17,293	53.00
54.00	RADIOLOGY-DIAGNOSTIC	371,666	12,590,949	0.029519	2,519,385	74,370	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	53,745	10,459,986	0.005138	2,743,132	14,094	54.01
54.02	ULTRASOUND	89,239	8,607,999	0.010367	2,020,621	20,948	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	215,443	27,330,393	0.007883	5,877,149	46,330	55.01
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	248,235	49,073,991	0.005058	14,301,898	72,339	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	8,490	4,282,876	0.001982	1,684,099	3,338	63.00
63.01	NUCLEAR MEDICINE	167,630	5,774,857	0.029028	1,364,060	39,596	63.01
65.00	RESPIRATORY THERAPY	179,644	11,629,564	0.015447	6,515,905	100,651	65.00
66.00	PHYSICAL THERAPY	154,654	4,240,336	0.036472	1,214,168	44,283	66.00
67.00	OCCUPATIONAL THERAPY	18,541	2,277,774	0.008140	517,354	4,211	67.00
68.00	SPEECH PATHOLOGY	39,272	884,918	0.044379	187,229	8,309	68.00
69.00	ELECTROCARDIOLOGY	82,452	8,532,530	0.009663	3,234,910	31,259	69.00
70.00	ELECTROENCEPHALOGRAPHY	47,247	2,086,964	0.022639	3,476	79	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	169,155	31,356,066	0.005395	10,918,187	58,904	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	100,378	8,531,878	0.011765	3,592,513	42,266	72.00
73.00	DRUGS CHARGED TO PATIENTS	150,952	47,978,710	0.003146	25,204,218	79,292	73.00
76.00	PAIN CLINIC	6,462	0	0.000000	0	0	76.00
76.01	ORTHOPEDICS	10,517	79,139	0.132893	9,693	1,288	76.01
76.02	CARDIOVASCULAR SERVICES	380,936	12,701,655	0.029991	5,754,611	172,587	76.02
76.03	CARDIAC REHAB	39,913	1,553,458	0.025693	302,723	7,778	76.03
76.04	RADIATION ONCOLOGY	254,839	6,710,477	0.037976	282,452	10,726	76.04
76.05	MRI	97,665	7,186,666	0.013590	1,568,993	21,323	76.05
76.06	BARITRIC CENTER	0	0	0.000000	0	0	76.06
76.07	PSYCH ACTIVITY THERAPY	2,037	1,456,841	0.001398	0	0	76.07
76.08	WOUND CARE	68,320	1,994,952	0.034246	0	0	76.08
76.09	RENAL DIALYSIS	119,491	2,559,033	0.046694	1,751,752	81,796	76.09
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	EMERGENCY	274,316	39,800,833	0.006892	7,140,200	49,210	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	128,531	1,966,674	0.065355	229,313	14,987	92.00
200.00	Total (Lines 50-199)	4,602,902	335,033,255		104,337,575	1,252,932	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 4:39 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	SUBPROVIDER - 1PF	0	0	0	0	0	40.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 4:39 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	36,412	0.00	20,527	0	30.00	
31.00	INTENSIVE CARE UNIT	3,817	0.00	2,217	0	31.00	
35.00	NEWBORN INTENSIVE CARE UNIT	0	0.00	0	0	35.00	
40.00	SUBPROVIDER - IPF	9,123	0.00	1,650	0	40.00	
43.00	NURSERY	1,028	0.00	0	0	43.00	
200.00	Total (lines 30-199)	50,380		24,394	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:39 pm
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Cost Center Description	Title XVIII				Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	312,581	0	312,581	54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	0	0	6,580	0	6,580	54.01
54.02 ULTRASOUND	0	0	3,291	0	3,291	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 COMPUTED TOMOGRAPHY	0	0	6,580	0	6,580	55.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	163,133	0	163,133	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	31,831	0	31,831	63.00
63.01 NUCLEAR MEDICINE	0	0	3,979	0	3,979	63.01
65.00 RESPIRATORY THERAPY	0	0	86,421	0	86,421	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 PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	890,609	0	890,609	73.00
76.00 PAIN CLINIC	0	0	0	0	0	76.00
76.01 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 CARDIAC REHAB	0	0	0	0	0	76.03
76.04 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 MRI	0	0	0	0	0	76.05
76.06 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 WOUND CARE	0	0	0	0	0	76.08
76.09 RENAL DIALYSIS	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OCC HEALTH CLINIC	0	0	0	0	0	90.01
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	1,505,005	0	1,505,005	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:39 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	11,427,783	0.000000	0.000000	2,059,329	50.00
50.01 OPEN HEART SURGERY	0	1,203,139	0.000000	0.000000	768,179	50.01
50.02 OUTPATIENT SURGERY	0	4,868,908	0.000000	0.000000	1,537,583	50.02
51.00 RECOVERY ROOM	0	2,853,524	0.000000	0.000000	546,135	51.00
53.00 ANESTHESIOLOGY	0	3,030,382	0.000000	0.000000	488,308	53.00
54.00 RADIOLOGY-DIAGNOSTIC	312,581	12,590,949	0.024826	0.024826	2,519,385	54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	6,580	10,459,986	0.000629	0.000629	2,743,132	54.01
54.02 ULTRASOUND	3,291	8,607,999	0.000382	0.000382	2,020,621	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01 COMPUTED TOMOGRAPHY	6,580	27,330,393	0.000241	0.000241	5,877,149	55.01
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	163,133	49,073,991	0.003324	0.003324	14,301,898	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	31,831	4,282,876	0.007432	0.007432	1,684,099	63.00
63.01 NUCLEAR MEDICINE	3,979	5,774,857	0.000689	0.000689	1,364,060	63.01
65.00 RESPIRATORY THERAPY	86,421	11,629,564	0.007431	0.007431	6,515,905	65.00
66.00 PHYSICAL THERAPY	0	4,240,336	0.000000	0.000000	1,214,168	66.00
67.00 OCCUPATIONAL THERAPY	0	2,277,774	0.000000	0.000000	517,354	67.00
68.00 SPEECH PATHOLOGY	0	884,918	0.000000	0.000000	187,229	68.00
69.00 ELECTROCARDIOLOGY	0	8,532,530	0.000000	0.000000	3,234,910	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2,086,964	0.000000	0.000000	3,476	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,356,066	0.000000	0.000000	10,918,187	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	8,531,878	0.000000	0.000000	3,592,513	72.00
73.00 DRUGS CHARGED TO PATIENTS	890,609	47,978,710	0.018563	0.018563	25,204,218	73.00
76.00 PAIN CLINIC	0	0	0.000000	0.000000	0	76.00
76.01 ORTHOPEDICS	0	79,139	0.000000	0.000000	9,693	76.01
76.02 CARDIOVASCULAR SERVICES	0	12,701,655	0.000000	0.000000	5,754,611	76.02
76.03 CARDIAC REHAB	0	1,553,458	0.000000	0.000000	302,723	76.03
76.04 RADIATION ONCOLOGY	0	6,710,477	0.000000	0.000000	282,452	76.04
76.05 MRI	0	7,186,666	0.000000	0.000000	1,568,993	76.05
76.06 BARIATRIC CENTER	0	0	0.000000	0.000000	0	76.06
76.07 PSYCH ACTIVITY THERAPY	0	1,456,841	0.000000	0.000000	0	76.07
76.08 WOUND CARE	0	1,994,952	0.000000	0.000000	0	76.08
76.09 RENAL DIALYSIS	0	2,559,033	0.000000	0.000000	1,751,752	76.09
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0	90.01
91.00 EMERGENCY	0	39,800,833	0.000000	0.000000	7,140,200	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,966,674	0.000000	0.000000	229,313	92.00
200.00 Total (Lines 50-199)	1,505,005	335,033,255			104,337,575	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:39 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title VIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	1,586,804	0	50.00
50.01	OPEN HEART SURGERY	0	0	0	50.01
50.02	OUTPATIENT SURGERY	0	885,155	0	50.02
51.00	RECOVERY ROOM	0	482,024	0	51.00
53.00	ANESTHESIOLOGY	0	411,751	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	62,546	1,437,458	35,686	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	1,725	2,883,149	1,814	54.01
54.02	ULTRASOUND	772	1,157,953	442	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	1,416	3,955,895	953	55.01
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	47,540	434,499	1,444	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	12,516	80,268	597	63.00
63.01	NUCLEAR MEDICINE	940	1,482,069	1,021	63.01
65.00	RESPIRATORY THERAPY	48,420	220,258	1,637	65.00
66.00	PHYSICAL THERAPY	0	14,723	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	979,799	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	864,370	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,721,650	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	1,918,595	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	467,866	3,022,506	56,107	73.00
76.00	PAIN CLINIC	0	0	0	76.00
76.01	ORTHOPEDICS	0	9,600	0	76.01
76.02	CARDIOVASCULAR SERVICES	0	2,121,370	0	76.02
76.03	CARDIAC REHAB	0	440,058	0	76.03
76.04	RADIATION ONCOLOGY	0	2,487,190	0	76.04
76.05	MRI	0	1,195,681	0	76.05
76.06	BARIATRIC CENTER	0	0	0	76.06
76.07	PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08	WOUND CARE	0	1,234,725	0	76.08
76.09	RENAL DIALYSIS	0	3,246	0	76.09
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	0	0	0	90.00
90.01	OCC HEALTH CLINIC	0	0	0	90.01
91.00	EMERGENCY	0	3,177,464	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	413,165	0	92.00
200.00	Total (Lines 50-199)	643,741	35,621,425	99,701	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 4:39 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.454358	1,586,804	0	0	50.00
50.01	OPEN HEART SURGERY	0.506753	0	0	0	50.01
50.02	OUTPATIENT SURGERY	0.704522	885,155	0	0	50.02
51.00	RECOVERY ROOM	0.290953	482,024	0	0	51.00
53.00	ANESTHESIOLOGY	1.782317	411,751	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.306441	1,437,458	0	0	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	0.246960	2,883,149	0	0	54.01
54.02	ULTRASOUND	0.143086	1,157,953	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	0.069970	3,955,895	0	0	55.01
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.155794	434,499	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.298604	80,268	0	0	63.00
63.01	NUCLEAR MEDICINE	0.250879	1,482,069	0	0	63.01
65.00	RESPIRATORY THERAPY	0.294185	220,258	0	0	65.00
66.00	PHYSICAL THERAPY	0.650348	14,723	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.641934	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.778017	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.115664	979,799	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.330320	864,370	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.183800	2,721,650	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.664912	1,918,595	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.220844	3,022,506	0	0	73.00
76.00	PAIN CLINIC	0.000000	0	0	0	76.00
76.01	ORTHOPEDICS	3.286294	9,600	0	0	76.01
76.02	CARDIOVASCULAR SERVICES	0.253300	2,121,370	0	0	76.02
76.03	CARDIAC REHAB	0.518516	440,058	0	0	76.03
76.04	RADIATION ONCOLOGY	0.330614	2,487,190	0	0	76.04
76.05	MRI	0.089108	1,195,681	0	0	76.05
76.06	BARITRIC CENTER	0.000000	0	0	0	76.06
76.07	PSYCH ACTIVITY THERAPY	0.179766	0	0	0	76.07
76.08	WOUND CARE	0.476389	1,234,725	0	0	76.08
76.09	RENAL DIALYSIS	0.641357	3,246	0	0	76.09
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
90.01	OCC HEALTH CLINIC	0.000000	0	0	0	90.01
91.00	EMERGENCY	0.275032	3,177,464	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.998758	413,165	0	0	92.00
200.00	Subtotal (see instructions)		35,621,425	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)		35,621,425	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/29/2012 4:39 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Costs						
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)				
	5.00	6.00	7.00				
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	720,977	0	0			50.00
50.01	OPEN HEART SURGERY	0	0	0			50.01
50.02	OUTPATIENT SURGERY	623,611	0	0			50.02
51.00	RECOVERY ROOM	140,246	0	0			51.00
53.00	ANESTHESIOLOGY	733,871	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	440,496	0	0			54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	712,022	0	0			54.01
54.02	ULTRASOUND	165,687	0	0			54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
55.01	COMPUTED TOMOGRAPHY	276,794	0	0			55.01
57.00	CT SCAN	0	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	LABORATORY	67,692	0	0			60.00
60.01	BLOOD LABORATORY	0	0	0			60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	23,968	0	0			63.00
63.01	NUCLEAR MEDICINE	371,820	0	0			63.01
65.00	RESPIRATORY THERAPY	64,797	0	0			65.00
66.00	PHYSICAL THERAPY	9,575	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	113,327	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	285,519	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	500,239	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1,275,697	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	667,502	0	0			73.00
76.00	PAIN CLINIC	0	0	0			76.00
76.01	ORTHOPEDICS	31,548	0	0			76.01
76.02	CARDIOVASCULAR SERVICES	537,343	0	0			76.02
76.03	CARDIAC REHAB	228,177	0	0			76.03
76.04	RADIATION ONCOLOGY	822,300	0	0			76.04
76.05	MRI	106,545	0	0			76.05
76.06	BARIATRIC CENTER	0	0	0			76.06
76.07	PSYCH ACTIVITY THERAPY	0	0	0			76.07
76.08	WOUND CARE	588,209	0	0			76.08
76.09	RENAL DIALYSIS	2,082	0	0			76.09
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0			90.00
90.01	OCC HEALTH CLINIC	0	0	0			90.01
91.00	EMERGENCY	873,904	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	412,652	0	0			92.00
200.00	Subtotal (see instructions)	10,796,600	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)	10,796,600	0	0			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 4:39 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	681,403	11,427,783	0.059627	0	0	50.00
50.01	OPEN HEART SURGERY	26,528	1,203,139	0.022049	0	0	50.01
50.02	OUTPATIENT SURGERY	297,566	4,868,908	0.061116	0	0	50.02
51.00	RECOVERY ROOM	10,314	2,853,524	0.003614	0	0	51.00
53.00	ANESTHESIOLOGY	107,321	3,030,382	0.035415	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	371,666	12,590,949	0.029519	15,771	466	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	53,745	10,459,986	0.005138	0	0	54.01
54.02	ULTRASOUND	89,239	8,607,999	0.010367	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	215,443	27,330,393	0.007883	44,501	351	55.01
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	248,235	49,073,991	0.005058	399,748	2,022	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	8,490	4,282,876	0.001982	1,553	3	63.00
63.01	NUCLEAR MEDICINE	167,630	5,774,857	0.029028	0	0	63.01
65.00	RESPIRATORY THERAPY	179,644	11,629,564	0.015447	21,565	333	65.00
66.00	PHYSICAL THERAPY	154,654	4,240,336	0.036472	2,658	97	66.00
67.00	OCCUPATIONAL THERAPY	18,541	2,277,774	0.008140	0	0	67.00
68.00	SPEECH PATHOLOGY	39,272	884,918	0.044379	0	0	68.00
69.00	ELECTROCARDIOLOGY	82,452	8,532,530	0.009663	52,779	510	69.00
70.00	ELECTROENCEPHALOGRAPHY	47,247	2,086,964	0.022639	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	169,155	31,356,066	0.005395	50,235	271	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	100,378	8,531,878	0.011765	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	150,952	47,978,710	0.003146	535,415	1,684	73.00
76.00	PAIN CLINIC	6,462	0	0.000000	0	0	76.00
76.01	ORTHOPEDICS	10,517	79,139	0.132893	0	0	76.01
76.02	CARDIOVASCULAR SERVICES	380,936	12,701,655	0.029991	0	0	76.02
76.03	CARDIAC REHAB	39,913	1,553,458	0.025693	489	13	76.03
76.04	RADIATION ONCOLOGY	254,839	6,710,477	0.037976	0	0	76.04
76.05	MRI	97,665	7,186,666	0.013590	12,833	174	76.05
76.06	BARITRIC CENTER	0	0	0.000000	0	0	76.06
76.07	PSYCH ACTIVITY THERAPY	2,037	1,456,841	0.001398	248,578	348	76.07
76.08	WOUND CARE	68,320	1,994,952	0.034246	0	0	76.08
76.09	RENAL DIALYSIS	119,491	2,559,033	0.046694	0	0	76.09
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	EMERGENCY	274,316	39,800,833	0.006892	209,062	1,441	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	128,531	1,966,674	0.065355	0	0	92.00
200.00	Total (Lines 50-199)	4,602,902	335,033,255		1,595,187	7,713	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:39 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	312,581	0	312,581	54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	0	0	6,580	0	6,580	54.01
54.02 ULTRASOUND	0	0	3,291	0	3,291	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 COMPUTED TOMOGRAPHY	0	0	6,580	0	6,580	55.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	163,133	0	163,133	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	31,831	0	31,831	63.00
63.01 NUCLEAR MEDICINE	0	0	3,979	0	3,979	63.01
65.00 RESPIRATORY THERAPY	0	0	86,421	0	86,421	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 PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	890,609	0	890,609	73.00
76.00 PAIN CLINIC	0	0	0	0	0	76.00
76.01 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 CARDIAC REHAB	0	0	0	0	0	76.03
76.04 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 MRI	0	0	0	0	0	76.05
76.06 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 WOUND CARE	0	0	0	0	0	76.08
76.09 RENAL DIALYSIS	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OCC HEALTH CLINIC	0	0	0	0	0	90.01
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	1,505,005	0	1,505,005	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:39 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	11,427,783	0.000000	0.000000	0	50.00
50.01 OPEN HEART SURGERY	0	1,203,139	0.000000	0.000000	0	50.01
50.02 OUTPATIENT SURGERY	0	4,868,908	0.000000	0.000000	0	50.02
51.00 RECOVERY ROOM	0	2,853,524	0.000000	0.000000	0	51.00
53.00 ANESTHESIOLOGY	0	3,030,382	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	312,581	12,590,949	0.024826	0.024826	15,771	54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	6,580	10,459,986	0.000629	0.000629	0	54.01
54.02 ULTRASOUND	3,291	8,607,999	0.000382	0.000382	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01 COMPUTED TOMOGRAPHY	6,580	27,330,393	0.000241	0.000241	44,501	55.01
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	163,133	49,073,991	0.003324	0.003324	399,748	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	31,831	4,282,876	0.007432	0.007432	1,553	63.00
63.01 NUCLEAR MEDICINE	3,979	5,774,857	0.000689	0.000689	0	63.01
65.00 RESPIRATORY THERAPY	86,421	11,629,564	0.007431	0.007431	21,565	65.00
66.00 PHYSICAL THERAPY	0	4,240,336	0.000000	0.000000	2,658	66.00
67.00 OCCUPATIONAL THERAPY	0	2,277,774	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	884,918	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	8,532,530	0.000000	0.000000	52,779	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2,086,964	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,356,066	0.000000	0.000000	50,235	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	8,531,878	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	890,609	47,978,710	0.018563	0.018563	535,415	73.00
76.00 PAIN CLINIC	0	0	0.000000	0.000000	0	76.00
76.01 ORTHOPEDICS	0	79,139	0.000000	0.000000	0	76.01
76.02 CARDIOVASCULAR SERVICES	0	12,701,655	0.000000	0.000000	0	76.02
76.03 CARDIAC REHAB	0	1,553,458	0.000000	0.000000	489	76.03
76.04 RADIATION ONCOLOGY	0	6,710,477	0.000000	0.000000	0	76.04
76.05 MRI	0	7,186,666	0.000000	0.000000	12,833	76.05
76.06 BARIATRIC CENTER	0	0	0.000000	0.000000	0	76.06
76.07 PSYCH ACTIVITY THERAPY	0	1,456,841	0.000000	0.000000	248,578	76.07
76.08 WOUND CARE	0	1,994,952	0.000000	0.000000	0	76.08
76.09 RENAL DIALYSIS	0	2,559,033	0.000000	0.000000	0	76.09
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0	90.01
91.00 EMERGENCY	0	39,800,833	0.000000	0.000000	209,062	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,966,674	0.000000	0.000000	0	92.00
200.00 Total (Lines 50-199)	1,505,005	335,033,255			1,595,187	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:39 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
50.01 OPEN HEART SURGERY	0	0	0	50.01
50.02 OUTPATIENT SURGERY	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	392	0	0	54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 COMPUTED TOMOGRAPHY	11	0	0	55.01
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	1,329	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	12	0	0	63.00
63.01 NUCLEAR MEDICINE	0	0	0	63.01
65.00 RESPIRATORY THERAPY	160	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	9,939	0	0	73.00
76.00 PAIN CLINIC	0	0	0	76.00
76.01 ORTHOPEDICS	0	0	0	76.01
76.02 CARDIOVASCULAR SERVICES	0	0	0	76.02
76.03 CARDIAC REHAB	0	0	0	76.03
76.04 RADIATION ONCOLOGY	0	0	0	76.04
76.05 MRI	0	0	0	76.05
76.06 BARIATRIC CENTER	0	0	0	76.06
76.07 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08 WOUND CARE	0	0	0	76.08
76.09 RENAL DIALYSIS	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
90.01 OCC HEALTH CLINIC	0	0	0	90.01
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (Lines 50-199)	11,843	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 4:39 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	681,403	11,427,783	0.059627	0	0	50.00
50.01	OPEN HEART SURGERY	26,528	1,203,139	0.022049	0	0	50.01
50.02	OUTPATIENT SURGERY	297,566	4,868,908	0.061116	0	0	50.02
51.00	RECOVERY ROOM	10,314	2,853,524	0.003614	0	0	51.00
53.00	ANESTHESIOLOGY	107,321	3,030,382	0.035415	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	371,666	12,590,949	0.029519	9,941	293	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	53,745	10,459,986	0.005138	0	0	54.01
54.02	ULTRASOUND	89,239	8,607,999	0.010367	1,243	13	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	215,443	27,330,393	0.007883	30,975	244	55.01
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	248,235	49,073,991	0.005058	638,416	3,229	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	8,490	4,282,876	0.001982	0	0	63.00
63.01	NUCLEAR MEDICINE	167,630	5,774,857	0.029028	0	0	63.01
65.00	RESPIRATORY THERAPY	179,644	11,629,564	0.015447	6,157	95	65.00
66.00	PHYSICAL THERAPY	154,654	4,240,336	0.036472	257	9	66.00
67.00	OCCUPATIONAL THERAPY	18,541	2,277,774	0.008140	0	0	67.00
68.00	SPEECH PATHOLOGY	39,272	884,918	0.044379	0	0	68.00
69.00	ELECTROCARDIOLOGY	82,452	8,532,530	0.009663	53,440	516	69.00
70.00	ELECTROENCEPHALOGRAPHY	47,247	2,086,964	0.022639	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	169,155	31,356,066	0.005395	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	100,378	8,531,878	0.011765	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	150,952	47,978,710	0.003146	0	0	73.00
76.00	PAIN CLINIC	6,462	0	0.000000	0	0	76.00
76.01	ORTHOPEDICS	10,517	79,139	0.132893	51	7	76.01
76.02	CARDIOVASCULAR SERVICES	380,936	12,701,655	0.029991	0	0	76.02
76.03	CARDIAC REHAB	39,913	1,553,458	0.025693	489	13	76.03
76.04	RADIATION ONCOLOGY	254,839	6,710,477	0.037976	0	0	76.04
76.05	MRI	97,665	7,186,666	0.013590	0	0	76.05
76.06	BARITRIC CENTER	0	0	0.000000	0	0	76.06
76.07	PSYCH ACTIVITY THERAPY	2,037	1,456,841	0.001398	486,589	680	76.07
76.08	WOUND CARE	68,320	1,994,952	0.034246	0	0	76.08
76.09	RENAL DIALYSIS	119,491	2,559,033	0.046694	0	0	76.09
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	EMERGENCY	274,316	39,800,833	0.006892	192,628	1,328	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,966,674	0.000000	0	0	92.00
200.00	Total (Lines 50-199)	4,474,371	335,033,255		1,420,186	6,427	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:39 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	312,581	0	312,581	54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	0	0	6,580	0	6,580	54.01
54.02 ULTRASOUND	0	0	3,291	0	3,291	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 COMPUTED TOMOGRAPHY	0	0	6,580	0	6,580	55.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	163,133	0	163,133	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	31,831	0	31,831	63.00
63.01 NUCLEAR MEDICINE	0	0	3,979	0	3,979	63.01
65.00 RESPIRATORY THERAPY	0	0	86,421	0	86,421	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 PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	890,609	0	890,609	73.00
76.00 PAIN CLINIC	0	0	0	0	0	76.00
76.01 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 CARDIAC REHAB	0	0	0	0	0	76.03
76.04 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 MRI	0	0	0	0	0	76.05
76.06 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 WOUND CARE	0	0	0	0	0	76.08
76.09 RENAL DIALYSIS	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OCC HEALTH CLINIC	0	0	0	0	0	90.01
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	1,505,005	0	1,505,005	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:39 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	11,427,783	0.000000	0.000000	0	50.00
50.01 OPEN HEART SURGERY	0	1,203,139	0.000000	0.000000	0	50.01
50.02 OUTPATIENT SURGERY	0	4,868,908	0.000000	0.000000	0	50.02
51.00 RECOVERY ROOM	0	2,853,524	0.000000	0.000000	0	51.00
53.00 ANESTHESIOLOGY	0	3,030,382	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	312,581	12,590,949	0.024826	0.024826	9,941	54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	6,580	10,459,986	0.000629	0.000629	0	54.01
54.02 ULTRASOUND	3,291	8,607,999	0.000382	0.000382	1,243	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01 COMPUTED TOMOGRAPHY	6,580	27,330,393	0.000241	0.000241	30,975	55.01
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	163,133	49,073,991	0.003324	0.003324	638,416	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	31,831	4,282,876	0.007432	0.007432	0	63.00
63.01 NUCLEAR MEDICINE	3,979	5,774,857	0.000689	0.000689	0	63.01
65.00 RESPIRATORY THERAPY	86,421	11,629,564	0.007431	0.007431	6,157	65.00
66.00 PHYSICAL THERAPY	0	4,240,336	0.000000	0.000000	257	66.00
67.00 OCCUPATIONAL THERAPY	0	2,277,774	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	884,918	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	8,532,530	0.000000	0.000000	53,440	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2,086,964	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,356,066	0.000000	0.000000	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	8,531,878	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	890,609	47,978,710	0.018563	0.018563	0	73.00
76.00 PAIN CLINIC	0	0	0.000000	0.000000	0	76.00
76.01 ORTHOPEDICS	0	79,139	0.000000	0.000000	51	76.01
76.02 CARDIOVASCULAR SERVICES	0	12,701,655	0.000000	0.000000	0	76.02
76.03 CARDIAC REHAB	0	1,553,458	0.000000	0.000000	489	76.03
76.04 RADIATION ONCOLOGY	0	6,710,477	0.000000	0.000000	0	76.04
76.05 MRI	0	7,186,666	0.000000	0.000000	0	76.05
76.06 BARIATRIC CENTER	0	0	0.000000	0.000000	0	76.06
76.07 PSYCH ACTIVITY THERAPY	0	1,456,841	0.000000	0.000000	486,589	76.07
76.08 WOUND CARE	0	1,994,952	0.000000	0.000000	0	76.08
76.09 RENAL DIALYSIS	0	2,559,033	0.000000	0.000000	0	76.09
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0	90.01
91.00 EMERGENCY	0	39,800,833	0.000000	0.000000	192,628	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,966,674	0.000000	0.000000	0	92.00
200.00 Total (Lines 50-199)	1,505,005	335,033,255			1,420,186	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:39 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
50.01 OPEN HEART SURGERY	0	0	0	50.01
50.02 OUTPATIENT SURGERY	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	247	0	0	54.00
54.01 RADIOLOGY SPECIAL PROCEDURES	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 COMPUTED TOMOGRAPHY	7	0	0	55.01
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	2,122	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
63.01 NUCLEAR MEDICINE	0	0	0	63.01
65.00 RESPIRATORY THERAPY	46	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 PAIN CLINIC	0	0	0	76.00
76.01 ORTHOPEDICS	0	0	0	76.01
76.02 CARDIOVASCULAR SERVICES	0	0	0	76.02
76.03 CARDIAC REHAB	0	0	0	76.03
76.04 RADIATION ONCOLOGY	0	0	0	76.04
76.05 MRI	0	0	0	76.05
76.06 BARIATRIC CENTER	0	0	0	76.06
76.07 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08 WOUND CARE	0	0	0	76.08
76.09 RENAL DIALYSIS	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
90.01 OCC HEALTH CLINIC	0	0	0	90.01
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (Lines 50-199)	2,422	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2012 4:39 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		36,412	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		36,412	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		36,412	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)		20,527	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		29,144,967	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)		29,144,967	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		30,732,820	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		30,732,820	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.948334	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)		844.03	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)		29,144,967	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		800.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,430,221	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)		16,430,221	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/29/2012 4:39 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)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,656,641	3,817	1,481.96	2,217	3,285,505	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	NEWBORN INTENSIVE CARE UNIT	140,084	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,412,137	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					47,127,863	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,216,006	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,896,673	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,112,679	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					44,015,184	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,454	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					800.42	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,964,231	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 4:39 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,907,141	29,144,967	0.065436	1,964,231	128,531	90.00
91.00	Nursing School cost	0	29,144,967	0.000000	1,964,231	0	91.00
92.00	Allied health cost	0	29,144,967	0.000000	1,964,231	0	92.00
93.00	All other Medical Education	0	29,144,967	0.000000	1,964,231	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15S004		Date/Time Prepared: 5/29/2012 4:39 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,123	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,123	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,123	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,650	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,553,808	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)		6,553,808	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		24,089,517	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		24,089,517	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.272061	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)		2,640.53	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)		6,553,808	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		718.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,185,327	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,185,327	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15S004				Date/Time Prepared: 5/29/2012 4:39 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					316,173		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,501,500		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					7,920		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					19,556		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					27,476		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,474,024		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 4:39 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		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	43,815	6,553,808	0.006685	0	0	90.00
91.00	Nursing School cost	0	6,553,808	0.000000	0	0	91.00
92.00	Allied health cost	0	6,553,808	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,553,808	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX		Hospital
				Date/Time Prepared: 5/29/2012 4:39 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		36,412	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		36,412	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		36,412	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)		6,419	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)		1,028	15.00
16.00	Nursery days (title V or XIX only)		194	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		29,144,967	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)		29,144,967	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		30,732,820	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		30,732,820	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.948334	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)		844.03	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)		29,144,967	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		800.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,137,896	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)		5,137,896	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/29/2012 4:39 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	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)	2,127,952	1,028	2,069.99	194	401,578	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,656,641	3,817	1,481.96	722	1,069,975	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	NEWBORN INTENSIVE CARE UNIT	140,084	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,466,848	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,076,297	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,454	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					800.42	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,964,231	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 4:39 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	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: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15S004		Date/Time Prepared: 5/29/2012 4:39 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,123	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,123	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,123	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)		2,927	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)		1,028	15.00
16.00	Nursery days (title V or XIX only)		194	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,553,808	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)		6,553,808	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		24,089,517	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		24,089,517	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.272061	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)		2,640.53	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)		6,553,808	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		718.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,102,698	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,102,698	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1		
		Component CCN: 15S004				Date/Time Prepared: 5/29/2012 4:39 pm		
		Title XIX		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT							44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						254,105		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,356,803		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						8,849		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						8,849		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,347,954		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)								70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00 Program routine service cost (line 9 x line 71)								72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00 Program capital-related costs (line 9 x line 76)								77.00
78.00 Inpatient routine service cost (line 74 minus line 77)								78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00 Inpatient routine service cost per diem limitation								81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00 Reasonable inpatient routine service costs (see instructions)								83.00
84.00 Program inpatient ancillary services (see instructions)								84.00
85.00 Utilization review - physician compensation (see instructions)								85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 4:39 pm	
		Title XIX		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		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	6,553,808	0.000000	0	0	90.00
91.00	Nursing School cost	0	6,553,808	0.000000	0	0	91.00
92.00	Allied health cost	0	6,553,808	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,553,808	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		17,871,495		30.00
31.00	INTENSIVE CARE UNIT		4,102,243		31.00
35.00	NEWBORN INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		0		40.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.454358	2,059,329	935,673	50.00
50.01	OPEN HEART SURGERY	0.522602	768,179	401,452	50.01
50.02	OUTPATIENT SURGERY	0.704522	1,537,583	1,083,261	50.02
51.00	RECOVERY ROOM	0.290953	546,135	158,900	51.00
53.00	ANESTHESIOLOGY	1.782317	488,308	870,320	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.306441	2,519,385	772,043	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	0.246960	2,743,132	677,444	54.01
54.02	ULTRASOUND	0.143086	2,020,621	289,123	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	0.069970	5,877,149	411,224	55.01
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.155794	14,301,898	2,228,150	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.298604	1,684,099	502,879	63.00
63.01	NUCLEAR MEDICINE	0.250879	1,364,060	342,214	63.01
65.00	RESPIRATORY THERAPY	0.294726	6,515,905	1,920,407	65.00
66.00	PHYSICAL THERAPY	0.650348	1,214,168	789,632	66.00
67.00	OCCUPATIONAL THERAPY	0.641934	517,354	332,107	67.00
68.00	SPEECH PATHOLOGY	0.778017	187,229	145,667	68.00
69.00	ELECTROCARDIOLOGY	0.115664	3,234,910	374,163	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.331214	3,476	1,151	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.183800	10,918,187	2,006,763	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.664912	3,592,513	2,388,705	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.220844	25,204,218	5,566,200	73.00
76.00	PAIN CLINIC	0.000000	0	0	76.00
76.01	ORTHOPEDICS	3.286294	9,693	31,854	76.01
76.02	CARDIOVASCULAR SERVICES	0.255150	5,754,611	1,468,289	76.02
76.03	CARDIAC REHAB	0.518516	302,723	156,967	76.03
76.04	RADIATION ONCOLOGY	0.330614	282,452	93,383	76.04
76.05	MRI	0.089108	1,568,993	139,810	76.05
76.06	BARIATRIC CENTER	0.000000	0	0	76.06
76.07	PSYCH ACTIVITY THERAPY	0.179766	0	0	76.07
76.08	WOUND CARE	0.476389	0	0	76.08
76.09	RENAL DIALYSIS	0.641357	1,751,752	1,123,498	76.09
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	OCC HEALTH CLINIC	0.000000	0	0	90.01
91.00	EMERGENCY	0.276159	7,140,200	1,971,830	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.998758	229,313	229,028	92.00
200.00	Total (sum of lines 50-94 and 96-98)		104,337,575	27,412,137	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)			0	201.00
202.00	Net Charges (line 200 minus line 201)		104,337,575		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15S004		Date/Time Prepared: 5/29/2012 4:39 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
35.00	NEWBORN INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		2,339,987		40.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.454358	0	0	50.00
50.01	OPEN HEART SURGERY	0.522602	0	0	50.01
50.02	OUTPATIENT SURGERY	0.704522	0	0	50.02
51.00	RECOVERY ROOM	0.290953	0	0	51.00
53.00	ANESTHESIOLOGY	1.782317	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.306441	15,771	4,833	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	0.246960	0	0	54.01
54.02	ULTRASOUND	0.143086	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	0.069970	44,501	3,114	55.01
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.155794	399,748	62,278	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.298604	1,553	464	63.00
63.01	NUCLEAR MEDICINE	0.250879	0	0	63.01
65.00	RESPIRATORY THERAPY	0.294726	21,565	6,356	65.00
66.00	PHYSICAL THERAPY	0.650348	2,658	1,729	66.00
67.00	OCCUPATIONAL THERAPY	0.641934	0	0	67.00
68.00	SPEECH PATHOLOGY	0.778017	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.115664	52,779	6,105	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.331214	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.183800	50,235	9,233	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.664912	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.220844	535,415	118,243	73.00
76.00	PAIN CLINIC	0.000000	0	0	76.00
76.01	ORTHOPEDECS	3.286294	0	0	76.01
76.02	CARDIOVASCULAR SERVICES	0.255150	0	0	76.02
76.03	CARDIAC REHAB	0.518516	489	254	76.03
76.04	RADIATION ONCOLOGY	0.330614	0	0	76.04
76.05	MRI	0.089108	12,833	1,144	76.05
76.06	BARIATRIC CENTER	0.000000	0	0	76.06
76.07	PSYCH ACTIVITY THERAPY	0.179766	248,578	44,686	76.07
76.08	WOUND CARE	0.476389	0	0	76.08
76.09	RENAL DIALYSIS	0.641357	0	0	76.09
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	OCC HEALTH CLINIC	0.000000	0	0	90.01
91.00	EMERGENCY	0.276159	209,062	57,734	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.998758	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,595,187	316,173	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)		1,595,187		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XIX		Hospital	
				Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		6,334,145		30.00
31.00	INTENSIVE CARE UNIT		945,476		31.00
35.00	NEWBORN INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		0		40.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.454358	881,295	400,423	50.00
50.01	OPEN HEART SURGERY	0.506753	83,850	42,491	50.01
50.02	OUTPATIENT SURGERY	0.704522	332,436	234,208	50.02
51.00	RECOVERY ROOM	0.290953	186,958	54,396	51.00
53.00	ANESTHESIOLOGY	1.782317	331,236	590,368	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.306441	199,708	61,199	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	0.246960	612,254	151,202	54.01
54.02	ULTRASOUND	0.143086	611,424	87,486	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	0.069970	1,636,340	114,495	55.01
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.155794	2,396,711	373,393	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.298604	442,541	132,145	63.00
63.01	NUCLEAR MEDICINE	0.250879	233,374	58,549	63.01
65.00	RESPIRATORY THERAPY	0.294185	1,552,145	456,618	65.00
66.00	PHYSICAL THERAPY	0.650348	303,873	197,623	66.00
67.00	OCCUPATIONAL THERAPY	0.641934	0	0	67.00
68.00	SPEECH PATHOLOGY	0.778017	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.115664	468,515	54,190	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.330320	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.183800	2,090,086	384,158	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.664912	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.220844	5,722,827	1,263,852	73.00
76.00	PAIN CLINIC	0.000000	0	0	76.00
76.01	ORTHOPEDICS	3.286294	0	0	76.01
76.02	CARDIOVASCULAR SERVICES	0.253300	587,944	148,926	76.02
76.03	CARDIAC REHAB	0.518516	42,652	22,116	76.03
76.04	RADIATION ONCOLOGY	0.330614	46,702	15,440	76.04
76.05	MRI	0.089108	264,680	23,585	76.05
76.06	BARIATRIC CENTER	0.000000	0	0	76.06
76.07	PSYCH ACTIVITY THERAPY	0.179766	0	0	76.07
76.08	WOUND CARE	0.476389	0	0	76.08
76.09	RENAL DIALYSIS	0.641357	0	0	76.09
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	OCC HEALTH CLINIC	0.000000	0	0	90.01
91.00	EMERGENCY	0.275032	2,181,509	599,985	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.998758	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		21,209,060	5,466,848	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)		21,209,060		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15S004		Date/Time Prepared: 5/29/2012 4:39 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
35.00	NEWBORN INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		3,937,040		40.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.454358	0	0	50.00
50.01	OPEN HEART SURGERY	0.522602	0	0	50.01
50.02	OUTPATIENT SURGERY	0.704522	0	0	50.02
51.00	RECOVERY ROOM	0.290953	0	0	51.00
53.00	ANESTHESIOLOGY	1.782317	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.306441	9,941	3,046	54.00
54.01	RADIOLOGY SPECIAL PROCEDURES	0.246960	0	0	54.01
54.02	ULTRASOUND	0.143086	1,243	178	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	COMPUTED TOMOGRAPHY	0.069970	30,975	2,167	55.01
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.155794	638,416	99,461	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.298604	0	0	63.00
63.01	NUCLEAR MEDICINE	0.250879	0	0	63.01
65.00	RESPIRATORY THERAPY	0.294726	6,157	1,815	65.00
66.00	PHYSICAL THERAPY	0.650348	257	167	66.00
67.00	OCCUPATIONAL THERAPY	0.641934	0	0	67.00
68.00	SPEECH PATHOLOGY	0.778017	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.115664	53,440	6,181	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.331214	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.183800	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.664912	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.220844	0	0	73.00
76.00	PAIN CLINIC	0.000000	0	0	76.00
76.01	ORTHOPEDECS	3.286294	51	168	76.01
76.02	CARDIOVASCULAR SERVICES	0.255150	0	0	76.02
76.03	CARDIAC REHAB	0.518516	489	254	76.03
76.04	RADIATION ONCOLOGY	0.330614	0	0	76.04
76.05	MRI	0.089108	0	0	76.05
76.06	BARIATRIC CENTER	0.000000	0	0	76.06
76.07	PSYCH ACTIVITY THERAPY	0.179766	486,589	87,472	76.07
76.08	WOUND CARE	0.476389	0	0	76.08
76.09	RENAL DIALYSIS	0.641357	0	0	76.09
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	OCC HEALTH CLINIC	0.000000	0	0	90.01
91.00	EMERGENCY	0.276159	192,628	53,196	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.998758	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,420,186	254,105	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)		1,420,186		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 4:39 pm
		Title XVIIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		31,975,949	1.00
2.00	Outlier payments for discharges. (see instructions)		743,048	2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.		0	2.01
3.00	Managed Care Simulated Payments		1,405,911	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		173.96	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		6.11	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)		1.72	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.		1.55	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)		5.94	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		5.83	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)		5.83	12.00
13.00	Total allowable FTE count for the prior year.		6.14	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.		8.33	14.00
15.00	Sum of lines 12 through 14 divided by 3.		6.77	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		6.77	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.038917	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.028863	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.028863	21.00
22.00	IME payment adjustment (see instructions)		522,359	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		522,359	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.76	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		18.90	31.00
32.00	Sum of lines 30 and 31		25.66	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.39	33.00
34.00	Disproportionate share adjustment (see instructions)		3,322,301	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		36,563,657	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)		36,563,657	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,814,525	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).		219,927	52.00
53.00	Nursing and Allied Health Managed Care payment		75,209	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 4:39 pm
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			643,741 58.00
59.00	Total (sum of amounts on lines 49 through 58)			40,317,059 59.00
60.00	Primary payer payments			25,777 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			40,291,282 61.00
62.00	Deductibles billed to program beneficiaries			2,876,296 62.00
63.00	Coinurance billed to program beneficiaries			347,759 63.00
64.00	Allowable bad debts (see instructions)			1,333,841 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			933,689 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			620,101 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			38,000,916 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Enter the time value of money for operating expenses, the capital outlier reconciliation amount and time value of money for capital related expenses by entering the sum of lines 93, 95 and 96. For SCH, if the hospital specific payment amount on line 48, is greater than the federal specific payment amount on line 47, do not complete this line.			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			38,000,916 71.00
72.00	Interim payments			39,454,190 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)			-1,453,274 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 4:39 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			10,696,899 2.00
3.00	PPS payments			8,208,756 3.00
4.00	Outlier payment (see instructions)			16,166 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			99,701 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			8,324,623 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,843,098 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)			6,481,525 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			48,850 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)			6,530,375 30.00
31.00	Primary payer payments			743 31.00
32.00	Subtotal (line 30 minus line 31)			6,529,632 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			531,304 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			371,913 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			290,592 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			6,901,545 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)			6,901,545 40.00
41.00	Interim payments			6,913,889 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)			-12,344 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 4:39 pm
		Component CCN: 15S004	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150004

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2012 4:39 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		39,816,577		6,862,755	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/15/2011	106,239	12/15/2011	56,192	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	09/22/2011	468,626	09/22/2011	5,058	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)		-362,387		51,134	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)		39,454,190		6,913,889	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		1,453,274		12,344	6.02
7.00	Total Medicare program liability (see instructions)		38,000,916		6,901,545	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: 150004
Component CCN: 15S004

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2012 4:39 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					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,011,496		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,011,496		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		84,307		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,095,803		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/29/2012 4:39 pm
		Title XVIII	Hospital	PPS
				1.00
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			7,763 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			22,744 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			954 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			37,775 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			402,821,166 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			24,462,200 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)			0 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/29/2012 4:39 pm
		Title XVII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,244,156 1.00
2.00	Net IPF PPS Outlier Payments			3,217 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)			24.994521 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			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)			1,247,373 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)			1,247,373 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,247,373 18.00
19.00	Deductibles			227,386 19.00
20.00	Subtotal (line 18 minus line 19)			1,019,987 20.00
21.00	Coinurance			8,490 21.00
22.00	Subtotal (line 20 minus line 21)			1,011,497 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			103,518 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			72,463 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			49,179 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,083,960 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)			11,843 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)			1,095,803 31.00
32.00	Interim payments			1,011,496 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)			84,307 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2012 4:39 pm
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		12,076,297	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)		12,076,297	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)		12,076,297	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		21,209,060	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)		21,209,060	12.00
CUSTOMARY CHARGES				
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)		21,209,060	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		9,132,763	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)		12,076,297	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
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.		12,076,297	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)		12,076,297	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)		12,076,297	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		12,076,297	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)		12,076,297	40.00
41.00	Interim payments		12,076,297	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: 150004 Component CCN: 15S004	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2012 4:39 pm
		Title XIX	Subprovider - IPF	PPS
				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		1,420,186	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)		1,420,186	12.00
CUSTOMARY CHARGES				
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)		1,420,186	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,420,186	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 - Lines 22 through 26 must only be completed for PPS providers.				
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		2,422	26.00
27.00	Subtotal (sum of lines 22 through 26)		2,422	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.		2,422	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)		2,422	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		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)		2,422	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		2,422	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)		2,422	40.00
41.00	Interim payments		2,422	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/29/2012 4:39 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.11	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.75	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			3.55	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			7.91	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			5.83	6.00
7.00	Enter the lesser of line 5 or line 6			5.83	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	5.80	5.80	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	5.80	5.80	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	5.80		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	6.11		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	7.58		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	6.50		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	6.50		17.00
18.00	Per resident amount	81,123.78	76,817.06		18.00
19.00	Approved amount for resident costs	0	499,311	499,311	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			499,311	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	24,394	991		26.00
27.00	Total Inpatient Days	46,898	46,898		27.00
28.00	Ratio of inpatient days to total inpatient days	0.520150	0.021131		28.00
29.00	Program direct GME amount	259,717	10,551		29.00
30.00	Reduction for direct GME payments for Medicare managed care		1,491		30.00
31.00	Net Program direct GME amount			268,777	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/29/2012 4:39 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		48,629,363	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		25,777	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		48,603,586	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		10,796,600	42.00
43.00	Primary payer payments (see instructions)		743	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		10,795,857	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		59,399,443	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.818250	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.181750	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		268,777	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		219,927	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		48,850	50.00

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

Provider CCN: 150004

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

Worksheet G
Date/Time Prepared:
5/29/2012 4:39 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-74,459,201	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	91,350,581	0	0	0	4.00
5.00	Other receivable	3,216,049	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-19,524,521	0	0	0	6.00
7.00	Inventory	3,442,636	0	0	0	7.00
8.00	Prepaid expenses	990,512	0	0	0	8.00
9.00	Other current assets	2,769,118	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)	7,785,174	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,522,936	0	0	0	12.00
13.00	Land improvements	3,452,186	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	45,540,413	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	157,134	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	135,731,210	0	0	0	19.00
20.00	Accumulated depreciation	-143,967,022	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	46,436,857	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,113,564	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	2,267,281	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,380,845	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	58,602,876	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,118,342	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,079,527	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	51,244	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	2,605,826	0	0	0	43.00
44.00	Other current liabilities	886,253	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	22,741,192	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	186,433	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-10,750,291	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-10,563,858	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	12,177,334	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	46,425,542				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)	46,425,542	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	58,602,876	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150004

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

Worksheet G-1

Date/Time Prepared:
5/29/2012 4:39 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		52,842,727		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-6,067,382			2.00
3.00	Total (sum of line 1 and line 2)		46,775,345		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		46,775,345		0	11.00
12.00	Deductions (debit adjustments) (specify)	349,803		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)		349,803		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		46,425,542		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150004

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

Worksheet G-1

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150004

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

Worksheet G-2 Parts

Date/Time Prepared:
5/29/2012 4:39 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	31,880,254		31,880,254	1.00
2.00	SUBPROVIDER - IPF	24,089,517		24,089,517	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				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)	55,969,771		55,969,771	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,918,118		6,918,118	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	NEWBORN INTENSIVE CARE UNIT	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,918,118		6,918,118	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	62,887,889		62,887,889	17.00
18.00	Ancillary services	175,809,930	117,455,819	293,265,749	18.00
19.00	Outpatient services	13,868,662	27,898,845	41,767,507	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		4,884,724	4,884,724	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE	0	8,985,801	8,985,801	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	252,566,481	159,225,189	411,791,670	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		179,674,789		29.00
30.00		0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		179,674,789		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150004

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

Worksheet G-3

Date/Time Prepared:
5/29/2012 4:39 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	411,791,670	1.00
2.00	Less contractual allowances and discounts on patients' accounts	252,609,232	2.00
3.00	Net patient revenues (line 1 minus line 2)	159,182,438	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	179,674,789	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-20,492,351	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	PREMIUM REVENUE	7,517,279	24.00
24.01	OTHER OPERATING REVENUE	5,780,828	24.01
24.02	NET ASSETS RELEASED FROM OPERATIONS	1,036,258	24.02
24.03	NON-OPERATING REVENUE	649,908	24.03
24.04	EQUITY TRANSFERS	9,974,517	24.04
25.00	Total other income (sum of lines 6-24)	24,958,790	25.00
26.00	Total (line 5 plus line 25)	4,466,439	26.00
27.00	BAD DEBT	10,533,821	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	10,533,821	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-6,067,382	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150004

Period: From 01/01/2011

Worksheet H

HHA CCN: 157145

To 12/31/2011

Date/Time Prepared: 5/29/2012 4:39 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	1.00
2.00	Capital Related - Movable Equipment		0		1,374	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	868,657	0	82,460	381,817	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,171,854	0	0	0	6.00
7.00	Physical Therapy	242,474	0	0	0	7.00
8.00	Occupational Therapy	17,858	0	0	0	8.00
9.00	Speech Pathology	40	0	0	0	9.00
10.00	Medical Social Services	1,951	0	0	0	10.00
11.00	Home Health Aide	80,555	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	89,516	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,383,389	0	82,460	381,817	24.00

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150004

Period: From 01/01/2011

Worksheet H

HHA CCN: 157145

To 12/31/2011

Date/Time Prepared: 5/29/2012 4:39 pm

Home Health Agency I

PPS

	Total (sum of col.s. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	1,374	0	1,374	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	1,456,573	0	1,456,573	-75,000	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,171,854	0	1,171,854	0	6.00
7.00	Physical Therapy	242,474	0	242,474	0	7.00
8.00	Occupational Therapy	17,858	0	17,858	0	8.00
9.00	Speech Pathology	40	0	40	0	9.00
10.00	Medical Social Services	1,951	0	1,951	0	10.00
11.00	Home Health Aide	80,555	0	80,555	0	11.00
12.00	Supplies (see instructions)	89,516	-60,814	28,702	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,062,195	-60,814	3,001,381	-75,000	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 150004	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 5/29/2012 4:39 pm
	HHA CCN: 157145	To 12/31/2011	
		Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	1,374	1,374			2.00
3.00	Plant Operation & Maintenance	0	0	0		3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	1,381,573	0	1,374	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,171,854	0	0	0	6.00
7.00	Physical Therapy	242,474	0	0	0	7.00
8.00	Occupational Therapy	17,858	0	0	0	8.00
9.00	Speech Pathology	40	0	0	0	9.00
10.00	Medical Social Services	1,951	0	0	0	10.00
11.00	Home Health Aide	80,555	0	0	0	11.00
12.00	Supplies (see instructions)	28,702	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,926,381	0	1,374	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150004	Period: From 01/01/2011	Worksheet H-1
		HHA CCN: 157145	To 12/31/2011	Part I
			Home Health Agency I	Date/Time Prepared: 5/29/2012 4:39 pm
				PPS

	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	1,382,947	1,382,947	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	1,171,854	1,050,003	2,221,857
7.00	Physical Therapy	242,474	217,262	459,736
8.00	Occupational Therapy	17,858	16,001	33,859
9.00	Speech Pathology	40	36	76
10.00	Medical Social Services	1,951	1,748	3,699
11.00	Home Health Aide	80,555	72,179	152,734
12.00	Supplies (see instructions)	28,702	25,718	54,420
13.00	Drugs	0	0	0
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others (specify)	0	0	0
24.00	Total (sum of lines 1-23)	1,543,434		2,926,381

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150004 HHA CCN: 157145		Period: From 01/01/2011 To 12/31/2011		Worksheet H-1 Part II Date/Time Prepared: 5/29/2012 4:39 pm	
				Home Health Agency I		PPS	
		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		1,373			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	1,373	0	0	-1,382,947	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	1,373	0	0	-1,382,947	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	1,374	0	0		25.00
26.00	Unit Cost Multiplier	0.000000	1.000728	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 150004	Period: From 01/01/2011	Worksheet H-1 Part II Date/Time Prepared: 5/29/2012 4:39 pm
	HHA CCN: 157145	To 12/31/2011	
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	1,543,434	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,171,854	6.00
7.00	Physical Therapy	242,474	7.00
8.00	Occupational Therapy	17,858	8.00
9.00	Speech Pathology	40	9.00
10.00	Medical Social Services	1,951	10.00
11.00	Home Health Aide	80,555	11.00
12.00	Supplies (see instructions)	28,702	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	1,543,434	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	1,382,947	25.00
26.00	Unit Cost Multiplier	0.896020	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150004

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157145

To 12/31/2011

Part I
Date/Time Prepared:
5/29/2012 4:39 pm

Home Health Agency I

PPS

	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				
1.00	Administrative and General	0	30,903	35,966	1,010,758	58,507	1.00
2.00	Skilled Nursing Care	2,221,857	0	0	0	0	2.00
3.00	Physical Therapy	459,736	0	0	0	0	3.00
4.00	Occupational Therapy	33,859	0	0	0	0	4.00
5.00	Speech Pathology	76	0	0	0	0	5.00
6.00	Medical Social Services	3,699	0	0	0	0	6.00
7.00	Home Health Aide	152,734	0	0	0	0	7.00
8.00	Supplies (see instructions)	54,420	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	2,926,381	30,903	35,966	1,010,758	58,507	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150004

Period:

Worksheet H-2

HHA CCN: 157145

From 01/01/2011

Part I

To 12/31/2011

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Home Health Agency I

PPS

	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.02	5.03	5.04	5A.04	5.05	
1.00 Administrative and General	74,499	5,372	30,163	1,246,168	181,435	1.00
2.00 Skilled Nursing Care	0	0	0	2,221,857	323,488	2.00
3.00 Physical Therapy	0	0	0	459,736	66,935	3.00
4.00 Occupational Therapy	0	0	0	33,859	4,930	4.00
5.00 Speech Pathology	0	0	0	76	11	5.00
6.00 Medical Social Services	0	0	0	3,699	539	6.00
7.00 Home Health Aide	0	0	0	152,734	22,237	7.00
8.00 Supplies (see instructions)	0	0	0	54,420	7,923	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	74,499	5,372	30,163	4,172,549	607,498	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150004

Period:

Worksheet H-2

HHA CCN: 157145

From 01/01/2011

Part I

To 12/31/2011

Date/Time Prepared:

Home Health Agency I

PPS

		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	56,322	44,050	0	29,993	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	56,322	44,050	0	29,993	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150004

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157145

To 12/31/2011

Part I
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Home Health Agency I

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	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	61,277	0	8,947	0	44,046	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	61,277	0	8,947	0	44,046	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150004

Period: From 01/01/2011

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HHA CCN: 157145

To 12/31/2011

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Home Health
Agency I

PPS

	SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	
		SERVICES-OTHER PRGM COSTS				
	17.00	22.00	23.00	23.01	23.02	
1.00 Administrative and General	469	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	469	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150004

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157145

To 12/31/2011

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Home Health Agency I

PPS

	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
	23.03	23.04	24.00	25.00	26.00	
1.00 Administrative and General	0	0	1,672,707	0	1,672,707	1.00
2.00 Skilled Nursing Care	0	0	2,545,345	0	2,545,345	2.00
3.00 Physical Therapy	0	0	526,671	0	526,671	3.00
4.00 Occupational Therapy	0	0	38,789	0	38,789	4.00
5.00 Speech Pathology	0	0	87	0	87	5.00
6.00 Medical Social Services	0	0	4,238	0	4,238	6.00
7.00 Home Health Aide	0	0	174,971	0	174,971	7.00
8.00 Supplies (see instructions)	0	0	62,343	0	62,343	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	5,025,151	0	5,025,151	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150004	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 157145	To 12/31/2011	Part I
			Home Health Agency I	Date/Time Prepared: 5/29/2012 4:39 pm
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		Allocated HHA A&G (see Part II)	Total HHA Costs	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	1,270,003	3,815,348	2.00
3.00	Physical Therapy	262,784	789,455	3.00
4.00	Occupational Therapy	19,354	58,143	4.00
5.00	Speech Pathology	43	130	5.00
6.00	Medical Social Services	2,115	6,353	6.00
7.00	Home Health Aide	87,302	262,273	7.00
8.00	Supplies (see instructions)	31,106	93,449	8.00
9.00	Drugs	0	0	9.00
10.00	DME	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	11.00
12.00	Respiratory Therapy	0	0	12.00
13.00	Private Duty Nursing	0	0	13.00
14.00	Clinic	0	0	14.00
15.00	Health Promotion Activities	0	0	15.00
16.00	Day Care Program	0	0	16.00
17.00	Home Delivered Meals Program	0	0	17.00
18.00	Homemaker Service	0	0	18.00
19.00	All Others (specify)	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,672,707	5,025,151	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.498952		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150004	Period: From 01/01/2011	Worksheet H-2 Part II Date/Time Prepared: 5/29/2012 4:39 pm
	HHA CCN: 157145	To 12/31/2011	
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	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (ALLOC OF TIME)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00	4.00	5.01				
1.00	Administrative and General	4,108	33,013	2,383,390	61,334	61,506	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	19.00	
20.00	Total (sum of lines 1-19)	4,108	33,013	2,383,390	61,334	61,506	20.00	
21.00	Total cost to be allocated	30,903	35,966	1,010,758	58,507	74,499	21.00	
22.00	Unit cost multiplier	7.522639	1.089450	0.424084	0.953908	1.211248	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/29/2012 4:39 pm
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	PURCHASING, RECEIVING AND STORES (COSTED REQUIS.)	ADMITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	5.03	5.04	5A.05	5.05	6.00	
1.00 Administrative and General	89,014	4,884,724	0	1,246,168	5,076	1.00
2.00 Skilled Nursing Care	0	0	0	2,221,857	0	2.00
3.00 Physical Therapy	0	0	0	459,736	0	3.00
4.00 Occupational Therapy	0	0	0	33,859	0	4.00
5.00 Speech Pathology	0	0	0	76	0	5.00
6.00 Medical Social Services	0	0	0	3,699	0	6.00
7.00 Home Health Aide	0	0	0	152,734	0	7.00
8.00 Supplies (see instructions)	0	0	0	54,420	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	89,014	4,884,724		4,172,549	5,076	20.00
21.00 Total cost to be allocated	5,372	30,163		607,498	56,322	21.00
22.00 Unit cost multiplier	0.060350	0.006175		0.145594	11.095745	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150004 HHA CCN: 157145		Period: From 01/01/2011 To 12/31/2011		Worksheet H-2 Part II Date/Time Prepared: 5/29/2012 4:39 pm PPS	
		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	5,076	0	5,076	0	86,826	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	5,076	0	5,076	0	86,826	20.00
21.00	Total cost to be allocated	44,050	0	29,993	0	61,277	21.00
22.00	Unit cost multiplier	8.678093	0.000000	5.908786	0.000000	0.705745	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/29/2012 4:39 pm
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	NURSING ADMINISTRATION (DIRECT NRSING HRS) 13.00	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 14.00	PHARMACY (COSTED REQUIS) 15.00	MEDICAL RECORDS & LIBRARY (GROSS CHARGES) 16.00	SOCIAL SERVICE (GROSS CHARGES) 17.00	
1.00 Administrative and General	0	28,198	0	4,884,724	4,884,724	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	28,198	0	4,884,724	4,884,724	20.00
21.00 Total cost to be allocated	0	8,947	0	44,046	469	21.00
22.00 Unit cost multiplier	0.000000	0.317292	0.000000	0.009017	0.000096	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II
	HHA CCN: 157145		Date/Time Prepared: 5/29/2012 4:39 pm
		Home Health Agency I	PPS

	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (NO STATISTICS)	PARAMED ED PRGM - LAB (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED ED PRGM - RESPTHER (ASSIGNED TIME)						
							22.00	23.00	23.01	23.02	23.03
							1.00	Administrative and General	0	0	0
2.00	Skilled Nursing Care	0	0	0	0	0	2.00				
3.00	Physical Therapy	0	0	0	0	0	3.00				
4.00	Occupational Therapy	0	0	0	0	0	4.00				
5.00	Speech Pathology	0	0	0	0	0	5.00				
6.00	Medical Social Services	0	0	0	0	0	6.00				
7.00	Home Health Aide	0	0	0	0	0	7.00				
8.00	Supplies (see instructions)	0	0	0	0	0	8.00				
9.00	Drugs	0	0	0	0	0	9.00				
10.00	DME	0	0	0	0	0	10.00				
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00				
12.00	Respiratory Therapy	0	0	0	0	0	12.00				
13.00	Private Duty Nursing	0	0	0	0	0	13.00				
14.00	Clinic	0	0	0	0	0	14.00				
15.00	Health Promotion Activities	0	0	0	0	0	15.00				
16.00	Day Care Program	0	0	0	0	0	16.00				
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00				
18.00	Homemaker Service	0	0	0	0	0	18.00				
19.00	All Others (specify)	0	0	0	0	0	19.00				
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00				
21.00	Total cost to be allocated	0	0	0	0	0	21.00				
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00				

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150004	Period: From 01/01/2011	Worksheet H-2
	HHA CCN: 157145	To 12/31/2011	Part II Date/Time Prepared: 5/29/2012 4:39 pm
		Home Health Agency I	PPS

		PARAMED ED PRGM-PHARMACY (NO STATISTICS)	
		23.04	
1.00	Administrative and General	0	1.00
2.00	Skilled Nursing Care	0	2.00
3.00	Physical Therapy	0	3.00
4.00	Occupational Therapy	0	4.00
5.00	Speech Pathology	0	5.00
6.00	Medical Social Services	0	6.00
7.00	Home Health Aide	0	7.00
8.00	Supplies (see instructions)	0	8.00
9.00	Drugs	0	9.00
10.00	DME	0	10.00
11.00	Home Dialysis Aide Services	0	11.00
12.00	Respiratory Therapy	0	12.00
13.00	Private Duty Nursing	0	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	All Others (specify)	0	19.00
20.00	Total (sum of lines 1-19)	0	20.00
21.00	Total cost to be allocated	0	21.00
22.00	Unit cost multiplier	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150004 HHA CCN: 157145		Period: From 01/01/2011 To 12/31/2011		Worksheet H-3 Parts I-II Date/Time Prepared: 5/29/2012 4:39 pm	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	3,815,348		3,815,348	15,204	1.00
2.00	Physical Therapy	3.00	789,455	0	789,455	7,098	2.00
3.00	Occupational Therapy	4.00	58,143	0	58,143	1,094	3.00
4.00	Speech Pathology	5.00	130	0	130	250	4.00
5.00	Medical Social Services	6.00	6,353		6,353	33	5.00
6.00	Home Health Aide	7.00	262,273		262,273	3,788	6.00
7.00	Total (sum of lines 1-6)		4,931,702	0	4,931,702	27,467	7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		
		0	1.00	2.00	Part B		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		23844	6,337	4,276		8.00
8.01	Skilled Nursing Care		16974	0	0		8.01
9.00	Physical Therapy		23844	3,915	1,517		9.00
9.01	Physical Therapy		16974	0	0		9.01
10.00	Occupational Therapy		23844	611	324		10.00
10.01	Occupational Therapy		16974	0	0		10.01
11.00	Speech Pathology		23844	195	37		11.00
11.01	Speech Pathology		16974	0	0		11.01
12.00	Medical Social Services		23844	14	15		12.00
12.01	Medical Social Services		16974	0	0		12.01
13.00	Home Health Aide		23844	1,250	2,306		13.00
13.01	Home Health Aide		16974	0	0		13.01
14.00	Total (sum of lines 8-13)			12,322	8,475		14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	93,449	0	93,449	87,247	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	16.00
Cost Center Description		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy		66.00	0.650348	0	0	1.00
2.00	Occupational Therapy		67.00	0.641934	0	0	2.00
3.00	Speech Pathology		68.00	0.778017	0	0	3.00
4.00	Cost of Medical Supplies		71.00	0.183800	0	0	4.00
5.00	Cost of Drugs		73.00	0.220844	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 5/29/2012 4:39 pm	
		Title XVIII	Home Health Agency I	PPS	
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	5.00	6.00	7.00	8.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION					
Cost Per Visit Computation					
1.00	Skilled Nursing Care	250.94	6,337	4,276	1.00
2.00	Physical Therapy	111.22	3,915	1,517	2.00
3.00	Occupational Therapy	53.15	611	324	3.00
4.00	Speech Pathology	0.52	195	37	4.00
5.00	Medical Social Services	192.52	14	15	5.00
6.00	Home Health Aide	69.24	1,250	2,306	6.00
7.00	Total (sum of lines 1-6)		12,322	8,475	7.00
Cost Center Description					
		5.00	6.00	7.00	8.00
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
8.01	Skilled Nursing Care				8.01
9.00	Physical Therapy				9.00
9.01	Physical Therapy				9.01
10.00	Occupational Therapy				10.00
10.01	Occupational Therapy				10.01
11.00	Speech Pathology				11.00
11.01	Speech Pathology				11.01
12.00	Medical Social Services				12.00
12.01	Medical Social Services				12.01
13.00	Home Health Aide				13.00
13.01	Home Health Aide				13.01
14.00	Total (sum of lines 8-13)				14.00
Program Covered Charges					
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	5.00	6.00	7.00	8.00	
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	1.071086	44,072	43,175	15.00
16.00	Cost of Drugs	0.000000	0	0	16.00
Cost Center Description					
			Transfer to Part I as Indicated		
			4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS					
1.00	Physical Therapy		col. 2, line 2.00		1.00
2.00	Occupational Therapy		col. 2, line 3.00		2.00
3.00	Speech Pathology		col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies		col. 2, line 15.00		4.00
5.00	Cost of Drugs		col. 2, line 16.00		5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150004	Period: From 01/01/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/29/2012 4:39 pm
	HHA CCN: 157145	To 12/31/2011	
	Title XVII I	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance			
	9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	1,590,207	1,073,019		2,663,226	1.00
2.00	Physical Therapy	435,426	168,721		604,147	2.00
3.00	Occupational Therapy	32,475	17,221		49,696	3.00
4.00	Speech Pathology	101	19		120	4.00
5.00	Medical Social Services	2,695	2,888		5,583	5.00
6.00	Home Health Aide	86,550	159,667		246,217	6.00
7.00	Total (sum of lines 1-6)	2,147,454	1,421,535		3,568,989	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	47,205	46,244	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/29/2012 4:39 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,894,986	1,179,683
12.00	Total PPS Reimbursement - Full Episodes with Outliers		5,074	0
13.00	Total PPS Reimbursement - LUPA Episodes		30,378	21,982
14.00	Total PPS Reimbursement - PEP Episodes		9,600	12,212
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		3,498	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		-11,358	-14,221
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,932,178	1,199,656
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,932,178	1,199,656
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		1,932,178	1,199,656
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,932,178	1,199,656
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,932,178	1,199,656
32.00	Interim payments (see instructions)		1,932,178	1,199,656
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 150004
HHA CCN: 157145

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

Worksheet H-5
Date/Time Prepared: 5/29/2012 4:39 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,932,178		1,199,656	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		1,932,178		1,199,656	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,932,178		1,199,656	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150004	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/29/2012 4:39 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,596,645	1.00
2.00	Capital DRG outlier payments		31,181	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		103.49	3.00
4.00	Number of interns & residents (see instructions)		6.77	4.00
5.00	Indirect medical education percentage (see instructions)		1.86	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		48,298	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.76	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		18.90	8.00
9.00	Sum of lines 7 and 8		25.66	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.33	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		138,401	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,814,525	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00