

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: 150023	Period: From 09/01/2010 To 08/31/2011	Worksheet 5 Parts I-III Date/Time Prepared: 2/29/2012 2:54 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input 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: 2/29/2012 Time: 2:54 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 UNION HOSPITAL, INC. for the cost reporting period beginning 09/01/2010 and ending 08/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 2/29/2012 Time: 2:54 pm
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 PLLlJ0pvBx0QOT6hdjkhw8r5c:TOUm
 ISW14iuBD0i:Du:
 PI: Date: 2/29/2012 Time: 2:54 pm
 FGUmPy0JoPW.KrJX9oDon:ud.34HI0
 eEQBB0Gt72n6sFjbf5NOQs0x7HSYtj
 QvOgXrFWcd01svQn

(Signed)

Officer or Administrator of Provider(s)

Executive Vice President/CEO

Title

February 29, 2012

Date

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	463,102	-93,476	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	3,823	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 Skilled Nursing Facility	0	0	0	0	0	7.00
8.00 Nursing Facility	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	466,925	-93,476	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: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-2
Part I
Date/Time Prepared:
2/29/2012 2:14 pm

	1.00	2.00	3.00	4.00								
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1606 NORTH SEVENTH ST		PO Box:								1.00	
2.00	City: TERRE HAUTE		State: IN		Zip Code: 47804-		County: VIGO				2.00	
	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)						
						V	XVIII	XIX				
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital	UNION HOSPITAL, INC.	150023	45460	1	01/01/1966	N	P	O			3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF	MEDICAL REHAB	15T023	45460	5	09/01/1989	N	P	O			5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF						N	N	N			7.00
8.00	Swing Beds - NF						N		N			8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) 1											17.00
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)					09/01/2010		08/31/2011				20.00
21.00	Type of Control (see instructions)							2				21.00
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N				22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.							3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	6,193	627	1,113	513	6,269	0					24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	137	147	0	53	22	0					25.00
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.							1.00				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.											27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.											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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023	Period: From 09/01/2010 To 08/31/2011	Worksheet S-2 Part I Date/Time Prepared: 2/29/2012 2:14 pm		
		Beginning: 1.00	Ending: 2.00			
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00			62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00			62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	UH FAMILY MEDICINE RESIDENCY	1201711131	0.00	20.18	0.000000

		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		
		1.00	2.00	3.00			
		4.00	5.00				
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	UH FAMILY MEDICINE RESIDENCY	1201711131	10.56	9.62	0.523290	67.00
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023	Period: From 09/01/2010 To 08/31/2011	Worksheet S-2 Part I Date/Time Prepared: 2/29/2012 2:14 pm	
		V 1.00	XIX 2.00		
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N	N	107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	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 a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	Y		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1	118.00	
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.	250,000	7,500,000	119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00	
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	15H043	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: UNION HOSPITAL, INC.	Contractor's Name: UNION HOSPITAL, INC		Contractor's Number: 15H043	
142.00	Street: 1606 NORTH SEVENTH ST	PO Box:			
143.00	City: TERRE HAUTE	State: IN	Zip Code: 47804		
				1.00	
144.00	Are provider based physicians' costs included in worksheet A?	Y		144.00	
145.00	If costs for renal services are claimed on worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y		145.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150023	Period: From 09/01/2010 To 08/31/2011	Worksheet S-2 Part I Date/Time Prepared: 2/29/2012 2:14 pm
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		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00
		Part A	Part B	
		1.00	2.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)				
155.00	Hospital	N	N	155.00
156.00	Subprovider - IPF	N	N	156.00
157.00	Subprovider - IRF	N	N	157.00
158.00	Subprovider - Other	N	N	158.00
159.00	SNF	N	N	159.00
160.00	HHA	N	N	160.00
161.00	CMHC		N	161.00

		1.00					
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N					165.00
		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)						0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00169.00

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
Description		Y/N	Date	
0		1.00	2.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	02/13/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-2
Part II
Date/Time Prepared:
2/29/2012 2:14 pm

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
2/29/2012 2:14 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	247	90,167	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)		247	90,167	0.00	7.00
8.00	INTENSIVE CARE UNIT	31.00	36	13,140	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	INTENSIVE NURSERY	35.00	13	4,745	0.00	12.00
13.00	NURSERY	43.00				13.00
14.00	Total (see instructions)		296	108,052	0.00	14.00
15.00	CAH visits					15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF	41.00	22	8,030		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
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00	Total (sum of lines 14-26)		318			27.00
28.00	Observation Bed Days					28.00
28.02	SUBPROVIDER - IRF	41.00				28.02
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: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
2/29/2012 2:14 pm

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	33,658	6,370	60,474	1.00	
2.00 HMO		2,803	7,895		2.00	
3.00 HMO IPF		0	0		3.00	
4.00 HMO IRF		0	0		4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0	5.00	
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0	6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	33,658	6,370	60,474	7.00	
8.00 INTENSIVE CARE UNIT	0	5,796	0	9,337	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 INTENSIVE NURSERY	0	0	272	3,208	12.00	
13.00 NURSERY	0		178	2,727	13.00	
14.00 Total (see instructions)	0	39,454	6,820	75,746	14.00	
15.00 CAH visits	0	0	0	0	15.00	
16.00 SUBPROVIDER - IPF					16.00	
17.00 SUBPROVIDER - IRF	0	4,207	359	5,564	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	
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	0		0	4,329	28.00	
28.02 SUBPROVIDER - IRF	0	0	0	0	28.02	
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	

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	8,163	1.00
2.00 HMO					573	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 INTENSIVE NURSERY						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	20.18	1,849.00	0.00	0	8,163	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	369	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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	20.18	1,849.00	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Cost Center Description	Discharges		
	Title XIX	Total All Patients	
	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,318	16,685	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 INTENSIVE NURSERY			12.00
13.00 NURSERY			13.00
14.00 Total (see instructions)	1,318	16,685	14.00
15.00 CAH visits			15.00
16.00 SUBPROVIDER - IPF			16.00
17.00 SUBPROVIDER - IRF	13	481	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
26.00 RURAL HEALTH CLINIC			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER			26.25
27.00 Total (sum of lines 14-26)			27.00
28.00 Observation Bed Days			28.00
28.02 SUBPROVIDER - IRF			28.02
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

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
	1.00	2.00	2.50	3.00	4.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	93,179,552	0	0	93,179,552 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0 3.00
4.00	Physician-Part A		224,290	0	0	224,290 4.00
4.01	Physicians - Part A - direct teaching		998,014	0	0	998,014 4.01
5.00	Physician-Part B		0	0	0	0 5.00
6.00	Non-physician-Part B		0	0	0	0 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	1,004,377	1,004,377 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0 7.01
8.00	Home office personnel		0	0	0	0 8.00
9.00	SNF	44.00	0	0	0	0 9.00
10.00	Excluded area salaries (see instructions)		10,238,072	0	-1,904,591	8,333,481 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		1,151,346	0	0	1,151,346 11.00
12.00	Management and administrative services		0	0	0	0 12.00
13.00	Contract labor: physician-Part A		1,169,017	0	0	1,169,017 13.00
14.00	Home office salaries & wage-related costs		17,638,049	0	0	17,638,049 14.00
15.00	Home office: physician Part A		0	0	0	0 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		29,028,427	0	0	29,028,427 17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		95,560	0	0	95,560 18.00
19.00	Excluded areas		646,890	0	0	646,890 19.00
20.00	Non-physician anesthetist Part A		0	0	0	0 20.00
21.00	Non-physician anesthetist Part B		0	0	0	0 21.00
22.00	Physician Part A		38,259	0	0	38,259 22.00
23.00	Physician Part B		1,103,655	0	0	1,103,655 23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0 24.00
25.00	Interns & residents (in an approved program)		257,093	0	0	257,093 25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	192,606	0	530,304	722,910 26.00
27.00	Administrative & General	5.00	4,465,002	0	-420,708	4,044,294 27.00
28.00	Administrative & General under contract (see inst.)		938,273	0	0	938,273 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0 29.00
30.00	Operation of Plant	7.00	59,373	0	0	59,373 30.00
31.00	Laundry & Linen Service	8.00	754,960	0	0	754,960 31.00
32.00	Housekeeping	9.00	3,432,215	0	0	3,432,215 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0 33.00
34.00	Dietary	10.00	1,696,873	0	-10,158	1,686,715 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0 35.00
36.00	Cafeteria	11.00	566,954	0	0	566,954 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0 37.00
38.00	Nursing Administration	13.00	0	0	0	0 38.00
39.00	Central Services and Supply	14.00	0	0	0	0 39.00
40.00	Pharmacy	15.00	0	0	0	0 40.00
41.00	Medical Records & Medical Records Library	16.00	2,524,228	202,325	0	2,726,553 41.00
42.00	Social Service	17.00	139,487	0	0	139,487 42.00
43.00	Other General Service	18.00	0	0	0	0 43.00

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	3,250,403.00	28.67	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	2,906.00	77.18	4.00
4.01	Physicians - Part A - direct teaching	11,518.00	86.65	4.01
5.00	Physician-Part B	31,945.00	0.00	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	44,924.00	22.36	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	99,411.00	83.83	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	21,318.00	54.01	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	8,993.00	129.99	13.00
14.00	Home office salaries & wage-related costs	376,820.00	46.81	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
WAGE-RELATED COSTS				
17.00	Wage-related costs (core) wkst S-3, Part IV line 24			17.00
18.00	wage-related costs (other)wkst S-3, Part IV line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	30,693.00	23.55	26.00
27.00	Administrative & General	179,540.00	22.53	27.00
28.00	Administrative & General under contract (see inst.)	3,886.00	241.45	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	3,114.00	19.07	30.00
31.00	Laundry & Linen Service	52,120.00	14.49	31.00
32.00	Housekeeping	213,478.00	16.08	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	106,868.00	15.78	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	53,354.00	10.63	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	0.00	0.00	38.00
39.00	Central Services and Supply	0.00	0.00	39.00
40.00	Pharmacy	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	130,948.00	20.82	41.00
42.00	Social Service	4,026.00	34.65	42.00
43.00	Other General Service	4,225.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-3
Part III
Date/Time Prepared:
2/29/2012 2:14 pm

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
	1.00	2.00	2.50	3.00	4.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	92,895,521	0	-1,004,377	91,891,144	1.00
2.00	Excluded area salaries (see instructions)	10,238,072	0	-1,904,591	8,333,481	2.00
3.00	Subtotal salaries (line 1 minus line 2)	82,657,449	0	900,214	83,557,663	3.00
4.00	Subtotal other wages & related costs (see inst.)	19,958,412	0	0	19,958,412	4.00
5.00	Subtotal wage-related costs (see inst.)	29,162,246	0	0	29,162,246	5.00
6.00	Total (sum of lines 3 thru 5)	131,778,107	0	900,214	132,678,321	6.00
7.00	Total overhead cost (see instructions)	14,769,971	202,325	99,438	15,071,734	7.00

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-3
Part III
Date/Time Prepared:
2/29/2012 2:14 pm

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	3,165,902.00	29.03	1.00
2.00	Excluded area salaries (see instructions)	99,411.00	83.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	3,066,491.00	27.25	3.00
4.00	Subtotal other wages & related costs (see inst.)	407,131.00	49.02	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	34.90	5.00
6.00	Total (sum of lines 3 thru 5)	3,473,622.00	38.20	6.00
7.00	Total overhead cost (see instructions)	782,252.00	19.27	7.00

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-3
Part IV
Date/Time Prepared:
2/29/2012 2:14 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	6,287,921	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	191,175	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)	10,617,641	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	177,640	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	209,478	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)	153,504	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	263,161	14.00
15.00	'workers' Compensation Insurance	501,129	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	1,529,147	16.00
TAXES			
17.00	FICA-Employers Portion Only	8,093,893	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	135,157	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	390,734	21.00
22.00	Day Care Cost and Allowances	394,893	22.00
23.00	Tuition Reimbursement	82,954	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	29,028,427	24.00
Part B - Other than Core Related Cost			
25.00	LAB, ADOPTION, RADIOLOGY	95,560	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-3
Part V
Date/Time Prepared:
2/29/2012 2:14 pm

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

		1.00			
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.320825		1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	16,977,176		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?	N		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	109,514,551		5.00	
6.00	Medicaid charges	0		6.00	
7.00	Medicaid cost (line 1 times line 6)	0		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP	0		9.00	
10.00	Stand-alone SCHIP charges	0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0		19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	29,623,383	0	29,623,383	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	9,503,922	0	9,503,922	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,503,922	0	9,503,922	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?				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)			36,284,667	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,742,268	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			34,542,399	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			11,082,065	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			20,585,987	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			20,585,987	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet A

Date/Time Prepared:
2/29/2012 2:14 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	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		12,402,937	12,402,937	12,479,993	24,882,930	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		11,588,264	11,588,264	3,769,892	15,358,156	2.00
4.00 EMPLOYEE BENEFITS	192,606	17,468	210,074	2,785,412	2,995,486	4.00
5.01 NONPATIENT TELEPHONES	648,095	413,225	1,061,320	0	1,061,320	5.01
5.02 DATA PROCESSING	0	0	0	0	0	5.02
5.03 PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04 ADMITTING	1,187,665	450,557	1,638,222	0	1,638,222	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 ADMINISTRATIVE AND GENERAL	2,629,242	21,332,366	23,961,608	-17,007,259	6,954,349	5.06
7.00 OPERATION OF PLANT	59,373	7,042,686	7,102,059	-16,000	7,086,059	7.00
8.00 LAUNDRY & LINEN SERVICE	754,960	-513,715	241,245	0	241,245	8.00
9.00 HOUSEKEEPING	3,432,215	3,406,410	6,838,625	0	6,838,625	9.00
10.00 DIETARY	1,696,873	695,160	2,392,033	-72,098	2,319,935	10.00
11.00 CAFETERIA	566,954	1,403,982	1,970,936	0	1,970,936	11.00
13.00 NURSING ADMINISTRATION	0	0	0	0	0	13.00
16.00 MEDICAL RECORDS & LIBRARY	2,524,228	941,226	3,465,454	0	3,465,454	16.00
17.00 SOCIAL SERVICE	139,487	15,109	154,596	0	154,596	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,088,666	1,088,666	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,854,159	1,854,159	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	38,605	38,605	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	19,386,438	4,601,495	23,987,933	-78,615	23,909,318	30.00
31.00 INTENSIVE CARE UNIT	6,038,270	2,234,851	8,273,121	94,437	8,367,558	31.00
35.00 INTENSIVE NURSERY	1,559,959	591,808	2,151,767	0	2,151,767	35.00
41.00 SUBPROVIDER - IRF	1,773,553	437,500	2,211,053	56,276	2,267,329	41.00
43.00 NURSERY	632,266	199,152	831,418	0	831,418	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	4,143,207	21,778,809	25,922,016	-2,854,192	23,067,824	50.00
50.01 CARDIAC SURGERY	2,158,729	2,234,891	4,393,620	-318,927	4,074,693	50.01
50.02 WVSC	24,551	12,366,061	12,390,612	-421,719	11,968,893	50.02
51.00 RECOVERY ROOM	1,769,245	406,281	2,175,526	0	2,175,526	51.00
51.02 O/P TREATMENT ROOM	2,766,102	527,029	3,293,131	0	3,293,131	51.02
52.00 DELIVERY ROOM & LABOR ROOM	1,698,942	797,886	2,496,828	0	2,496,828	52.00
54.00 RADIOLOGY-DIAGNOSTIC	9,569,906	4,991,258	14,561,164	-38,605	14,522,559	54.00
55.00 RADIOLOGY-THERAPEUTIC	93,120	4,715,801	4,808,921	0	4,808,921	55.00
56.00 RADIOISOTOPE	0	2,003,873	2,003,873	0	2,003,873	56.00
57.00 CT SCAN	901,622	1,257,157	2,158,779	0	2,158,779	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	542,189	1,237,512	1,779,701	0	1,779,701	58.00
59.00 CARDIAC CATHETERIZATION	556,208	22,430,300	22,986,508	-4,785,648	18,200,860	59.00
60.00 LABORATORY	0	11,724,711	11,724,711	0	11,724,711	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,504,629	2,504,629	0	2,504,629	62.00
65.00 RESPIRATORY THERAPY	2,210,726	969,079	3,179,805	0	3,179,805	65.00
66.00 PHYSICAL THERAPY	1,436,274	305,173	1,741,447	0	1,741,447	66.00
66.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	565,881	99,806	665,687	-100,945	564,742	66.01
66.02 O/P PHYSICAL THERAPY	1,103,774	513,344	1,617,118	0	1,617,118	66.02
67.00 OCCUPATIONAL THERAPY	1,000,702	270,029	1,270,731	0	1,270,731	67.00
68.00 SPEECH PATHOLOGY	423,845	132,769	556,614	0	556,614	68.00
69.00 ELECTROCARDIOLOGY	844,437	504,746	1,349,183	0	1,349,183	69.00
69.01 CARDIAC REHAB	286,209	83,565	369,774	0	369,774	69.01
70.00 ELECTROENCEPHALOGRAPHY	1,728,399	496,685	2,225,084	0	2,225,084	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,427,528	1,427,528	0	1,427,528	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,380,486	8,380,486	72.00
73.00 DRUGS CHARGED TO PATIENTS	3,161,587	43,059,340	46,220,927	-2,318,383	43,902,544	73.00
76.00 RENAL ACUTE	0	1,354,232	1,354,232	-9	1,354,223	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.05 PATIENT NUTRITION	156,776	27,750	184,526	0	184,526	90.05
90.07 WOUND CLINIC	357,142	1,082,930	1,440,072	0	1,440,072	90.07
91.00 EMERGENCY	3,993,276	1,339,566	5,332,842	0	5,332,842	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	84,715,033	207,903,221	292,618,254	2,535,526	295,153,780	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 RURAL HEALTH	1,625,057	667,601	2,292,658	134,352	2,427,010	194.00
194.01 RENTAL PROPERTY	0	94,011	94,011	0	94,011	194.01
194.02 FAMILY PRACTICE	4,020,266	1,380,558	5,400,824	-2,942,825	2,457,999	194.02
194.03 WELLNESS	0	0	0	272,947	272,947	194.03
194.04 PHYSICIAN PRACTICES	2,523,931	1,039,031	3,562,962	0	3,562,962	194.04
194.06 SYCAMORE SPORTS MED	295,265	86,180	381,445	0	381,445	194.06
200.00 TOTAL (SUM OF LINES 118-199)	93,179,552	211,170,602	304,350,154	0	304,350,154	200.00

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-2,266,787	22,616,143	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-819,007	14,539,149	2.00
4.00	EMPLOYEE BENEFITS	14,558,215	17,553,701	4.00
5.01	NONPATIENT TELEPHONES	-139,568	921,752	5.01
5.02	DATA PROCESSING	8,133,881	8,133,881	5.02
5.03	PURCHASING RECEIVING AND STORES	1,016,437	1,016,437	5.03
5.04	ADMITTING	0	1,638,222	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	6,652,109	6,652,109	5.05
5.06	ADMINISTRATIVE AND GENERAL	13,331,852	20,286,201	5.06
7.00	OPERATION OF PLANT	149,111	7,235,170	7.00
8.00	LAUNDRY & LINEN SERVICE	-6,039	235,206	8.00
9.00	HOUSEKEEPING	-219,881	6,618,744	9.00
10.00	DIETARY	-148,829	2,171,106	10.00
11.00	CAFETERIA	-1,087,417	883,519	11.00
13.00	NURSING ADMINISTRATION	1,030,188	1,030,188	13.00
16.00	MEDICAL RECORDS & LIBRARY	1,057,066	4,522,520	16.00
17.00	SOCIAL SERVICE	0	154,596	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,088,666	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,854,159	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	38,605	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-880,096	23,029,222	30.00
31.00	INTENSIVE CARE UNIT	0	8,367,558	31.00
35.00	INTENSIVE NURSERY	-285,282	1,866,485	35.00
41.00	SUBPROVIDER - IRF	-17,481	2,249,848	41.00
43.00	NURSERY	0	831,418	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-5,064,935	18,002,889	50.00
50.01	CARDIAC SURGERY	-1,749,203	2,325,490	50.01
50.02	WVSC	38,854	12,007,747	50.02
51.00	RECOVERY ROOM	10,400	2,185,926	51.00
51.02	O/P TREATMENT ROOM	-4,830	3,288,301	51.02
52.00	DELIVERY ROOM & LABOR ROOM	-186,000	2,310,828	52.00
54.00	RADIOLOGY-DIAGNOSTIC	-6,603,256	7,919,303	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	4,808,921	55.00
56.00	RADIOISOTOPE	248,684	2,252,557	56.00
57.00	CT SCAN	314,517	2,473,296	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	86,936	1,866,637	58.00
59.00	CARDIAC CATHETERIZATION	346,596	18,547,456	59.00
60.00	LABORATORY	216,961	11,941,672	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,504,629	62.00
65.00	RESPIRATORY THERAPY	-3,008	3,176,797	65.00
66.00	PHYSICAL THERAPY	146,348	1,887,795	66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	564,742	66.01
66.02	O/P PHYSICAL THERAPY	90,654	1,707,772	66.02
67.00	OCCUPATIONAL THERAPY	111,805	1,382,536	67.00
68.00	SPEECH PATHOLOGY	50,703	607,317	68.00
69.00	ELECTROCARDIOLOGY	-34,517	1,314,666	69.00
69.01	CARDIAC REHAB	-31,672	338,102	69.01
70.00	ELECTROENCEPHALOGRAPHY	-998,348	1,226,736	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-14,929	1,412,599	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	8,380,486	72.00
73.00	DRUGS CHARGED TO PATIENTS	311,631	44,214,175	73.00
76.00	RENAL ACUTE	0	1,354,223	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	0	90.00
90.05	PATIENT NUTRITION	-1,679	182,847	90.05
90.07	WOUND CLINIC	7,444	1,447,516	90.07
91.00	EMERGENCY	0	5,332,842	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	27,347,628	322,501,408	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	RURAL HEALTH	0	2,427,010	194.00
194.01	RENTAL PROPERTY	0	94,011	194.01
194.02	FAMILY PRACTICE	-3,375	2,454,624	194.02
194.03	WELLNESS	0	272,947	194.03
194.04	PHYSICIAN PRACTICES	-10,000	3,552,962	194.04
194.06	SYCAMORE SPORTS MED	-57,437	324,008	194.06
200.00	TOTAL (SUM OF LINES 118-199)	27,276,816	331,626,970	200.00

	Increases				
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 5.00	
A - WORKERS COMP					
1.00	EMPLOYEE BENEFITS	4.00	0	89,361	1.00
	TOTALS		0	89,361	
B - RENAL DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9	1.00
	TOTALS		0	9	
C - PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	448,820	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,362	2.00
	TOTALS		0	456,182	
D - PARAMED					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	31,188	7,417	1.00
	TOTALS		31,188	7,417	
E - FITNESS ACTIVITY					
1.00	EMPLOYEE BENEFITS	4.00	209,304	60,932	1.00
2.00	WELLNESS	194.03	211,404	61,543	2.00
	TOTALS		420,708	122,475	
F - CLAY CITY RURAL HEALTH					
1.00	RURAL HEALTH	194.00	0	61,824	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	61,824	
G - CORK MEDICAL RURAL HEALTH					
1.00	RURAL HEALTH	194.00	0	72,528	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	72,528	
H - HOUSE NURSE ASSISTANT					
1.00	ADULTS & PEDIATRICS	30.00	555,831	55,824	1.00
2.00	INTENSIVE CARE UNIT	31.00	85,818	8,619	2.00
3.00	SUBPROVIDER - IRF	41.00	51,140	5,136	3.00
	TOTALS		692,789	69,579	
I - EMPLOYEE ACCESS					
1.00	EMPLOYEE BENEFITS	4.00	83,460	17,485	1.00
	TOTALS		83,460	17,485	
J - TUBE FEEDING					
1.00	ADULTS & PEDIATRICS	30.00	10,158	61,940	1.00
	TOTALS		10,158	61,940	
K - AUTO INSURANCE					
1.00	EMPLOYEE BENEFITS	4.00	0	692	1.00
	TOTALS		0	692	
L - AUTO DEPRECIATION					
1.00	EMPLOYEE BENEFITS	4.00	0	5,786	1.00
	TOTALS		0	5,786	
M - FAMILY PRACTICE					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,004,377	84,289	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,193,946	660,213	2.00
	TOTALS		2,198,323	744,502	
N - LOBBY PHARMACY					
1.00	EMPLOYEE BENEFITS	4.00	237,540	2,080,852	1.00
	TOTALS		237,540	2,080,852	
O - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,380,486	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	8,380,486	
P - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	12,105,565	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,812,276	2.00
	TOTALS		0	15,917,841	
500.00	Grand Total: Increases		3,674,166	28,088,959	500.00

		Decreases			Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other			
6.00	7.00	8.00	9.00	10.00		
A - WORKERS COMP						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	89,361	0	1.00
	TOTALS		0	89,361		
B - RENAL DRUGS						
1.00	RENAL ACUTE	76.00	0	9	0	1.00
	TOTALS		0	9		
C - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	456,182	12	1.00
2.00		0.00	0	0	12	2.00
	TOTALS		0	456,182		
D - PARAMED						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	31,188	7,417	0	1.00
	TOTALS		31,188	7,417		
E - FITNESS ACTIVITY						
1.00	ADMINISTRATIVE AND GENERAL	5.06	420,708	122,475	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		420,708	122,475		
F - CLAY CITY RURAL HEALTH						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	16,686	9	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	29,033	9	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	16,105	9	3.00
	TOTALS		0	61,824		
G - CORK MEDICAL RURAL HEALTH						
1.00	OPERATION OF PLANT	7.00	0	16,000	0	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	28,673	9	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27,855	9	3.00
	TOTALS		0	72,528		
H - HOUSE NURSE ASSISTANT						
1.00	ADULTS & PEDIATRICS	30.00	692,789	69,579	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		692,789	69,579		
I - EMPLOYEE ACCESS						
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	66.01	83,460	17,485	0	1.00
	TOTALS		83,460	17,485		
J - TUBE FEEDING						
1.00	DIETARY	10.00	10,158	61,940	0	1.00
	TOTALS		10,158	61,940		
K - AUTO INSURANCE						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	692	0	1.00
	TOTALS		0	692		
L - AUTO DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,786	9	1.00
	TOTALS		0	5,786		
M - FAMILY PRACTICE						
1.00	FAMILY PRACTICE	194.02	2,198,323	744,502	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		2,198,323	744,502		
N - LOBBY PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	237,540	2,080,852	0	1.00
	TOTALS		237,540	2,080,852		
O - IMPLANTS						
1.00	OPERATING ROOM	50.00	0	2,854,192	0	1.00
2.00	CARDIAC SURGERY	50.01	0	318,927	0	2.00
3.00	WVSC	50.02	0	421,719	0	3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	4,785,648	0	4.00
	TOTALS		0	8,380,486		
P - INTEREST						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	15,917,841	11	1.00
2.00		0.00	0	0	11	2.00
	TOTALS		0	15,917,841		
500.00	Grand Total: Decreases		3,674,166	28,088,959		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/29/2012 2:14 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	16,134,331	605,403	0	605,403	93,828 1.00
2.00	Land Improvements	18,096,376	326,635	0	326,635	56,300 2.00
3.00	Buildings and Fixtures	252,414,600	590,159	0	590,159	412,002 3.00
4.00	Building Improvements	40,865,854	1,462,913	0	1,462,913	138,351 4.00
5.00	Fixed Equipment	0	0	0	0	0 5.00
6.00	Movable Equipment	103,317,050	2,737,218	0	2,737,218	2,195,216 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	430,828,211	5,722,328	0	5,722,328	2,895,697 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	430,828,211	5,722,328	0	5,722,328	2,895,697 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	12,402,937	0	0	0	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	11,588,264	0	0	0	0 2.00
3.00	Total (sum of lines 1-2)	23,991,201	0	0	0	0 3.00
COMPUTATION OF RATIOS						
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance
		1.00	2.00	3.00	4.00	5.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/29/2012 2:14 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	16,645,906	0		1.00	
2.00	Land Improvements	18,366,711	0		2.00	
3.00	Buildings and Fixtures	252,592,757	0		3.00	
4.00	Building Improvements	42,190,416	0		4.00	
5.00	Fixed Equipment	0	0		5.00	
6.00	Movable Equipment	103,859,052	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	433,654,842	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	433,654,842	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	12,402,937		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	11,588,264		2.00	
3.00	Total (sum of lines 1-2)	0	23,991,201		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	10,146,439	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	10,719,511	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,865,950	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/29/2012 2:14 pm

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	12,020,884	448,820	0	0	22,616,143	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3,812,276	7,362	0	0	14,539,149	2.00
3.00	Total (sum of lines 1-2)	15,833,160	456,182	0	0	37,155,292	3.00

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - movable equipment (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-7,606	PURCHASING RECEIVING AND STORES	5.03 4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-97,276	PURCHASING RECEIVING AND STORES	5.03 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-20,424	NONPATIENT TELEPHONES	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	-16,346,978		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	50,756,823		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests	B	-885,194	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	A	-3,380	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00 16.00
17.00	Sale of drugs to other than patients	A	-10,084	DRUGS CHARGED TO PATIENTS	73.00 17.00
18.00	Sale of medical records and abstracts	B	-25,381	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines	A	-14,307	OPERATION OF PLANT	7.00 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00 25.00
26.00	Depreciation - buildings and fixtures		0	0 NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - movable equipment		0	0 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	0	OCCUPATIONAL THERAPY	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00	TELEPHONE DEPRECIATION	A	-218	NEW CAP REL COSTS-MVBLE EQUIP	2.00 33.00
34.00	VENDING HOUSEKEEPING	A	-14,353	HOUSEKEEPING	9.00 34.00
35.00	MEALS SOLD	B	-48,933	DIETARY	10.00 35.00
36.00	VISITORS MEALS	A	-354,382	CAFETERIA	11.00 36.00
38.00	LAB - BLDG	B	-176,135	NEW CAP REL COSTS-BLDG & FIXT	1.00 38.00
39.00	LAB - ADMINISTRATION	B	-590	ADMINISTRATIVE AND GENERAL	5.06 39.00
40.00	LAB - LAUNDRY	B	-5,952	LAUNDRY & LINEN SERVICE	8.00 40.00
41.00	LAB - HOUSEKEEPING	B	-94,636	HOUSEKEEPING	9.00 41.00
42.00	LAB - OPERATION OF PLANT	B	-258,867	OPERATION OF PLANT	7.00 42.00
43.00	EMPLOYEE X-RAY	B	-63,633	EMPLOYEE BENEFITS	4.00 43.00
44.00	CRNA	A	-186,000	DELIVERY ROOM & LABOR ROOM	52.00 44.00
45.00	HAMILTON CENTER OPERATION OF PLANT	A	-83,958	OPERATION OF PLANT	7.00 45.00
45.01	HAMILTON CENTER SUPPLIES	A	-29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00 45.01
45.02	HAMILTON CENTER NUTRITION	A	-216,802	DIETARY	10.00 45.02
45.03	FITNESS ACTIVITY	B	-237,145	EMPLOYEE BENEFITS	4.00 45.03

		Expense Classification on Worksheet A To/From which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
45.06	OTHER INTEREST	B	-84,681	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.06
45.07	CLINTON INSURANCE	A	-6,042	ADMINISTRATIVE AND GENERAL	5.06 45.07
45.08	UHF - HOUSEKEEPING	A	-40,319	HOUSEKEEPING	9.00 45.08
45.09	MISCELLANEOUS	B	-10,000	PHYSICIAN PRACTICES	194.04 45.09
45.10	MISCELLANEOUS	B	-3,375	FAMILY PRACTICE	194.02 45.10
45.11	MISCELLANEOUS	B	-105,675	WVSC	50.02 45.11
45.12	MISCELLANEOUS	B	-83,001	ADMINISTRATIVE AND GENERAL	5.06 45.12
45.13	MISCELLANEOUS	B	-2,082	CASHIERING/ACCOUNTS RECEIVABLE	5.05 45.13
45.14	MISCELLANEOUS	B	-5,250	MEDICAL RECORDS & LIBRARY	16.00 45.14
45.15	MISCELLANEOUS	B	-1,129	PATIENT NUTRITION	90.05 45.15
45.16	MISCELLANEOUS	B	-1,299	RADIOLOGY-DIAGNOSTIC	54.00 45.16
45.17	MISCELLANEOUS	B	-14,930	HOUSEKEEPING	9.00 45.17
45.18	MISCELLANEOUS	B	-1,290	NEW CAP REL COSTS-MVBLE EQUIP	2.00 45.18
45.19	MISCELLANEOUS	B	-11,520	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00 45.19
45.20	MISCELLANEOUS	B	-27,130	EMPLOYEE BENEFITS	4.00 45.20
45.21	MISCELLANEOUS	B	-21,561	ELECTROENCEPHALOGRAPHY	70.00 45.21
45.22	MISCELLANEOUS	B	-4,830	O/P TREATMENT ROOM	51.02 45.22
45.23	FRESNIUS REVENUE	B	-6,547	OPERATION OF PLANT	7.00 45.23
45.24	CATERING	B	-9,901	CAFETERIA	11.00 45.24
45.25	UHF - NUTRITION	A	-1,820	CAFETERIA	11.00 45.25
45.26	MANAGEMENT SERVICES	B	-24,000	ADMINISTRATIVE AND GENERAL	5.06 45.26
45.27	PHYSICIAN MEALS	B	-8,195	CAFETERIA	11.00 45.27
45.28	EMPLOYEE BENEFITS	A	-128,493	EMPLOYEE BENEFITS	4.00 45.28
45.29	OTHER RENTAL	B	-34,425	OPERATION OF PLANT	7.00 45.29
45.30	COH INVESTMENT	B	-90,053	ADMINISTRATIVE AND GENERAL	5.06 45.30
45.31	LOSS - EARLY EXTNG DEBT	A	29,700	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.31
45.32	UHF - ADMINISTRATION	A	-551	ADMINISTRATIVE AND GENERAL	5.06 45.32
45.33	UHF - OPERATION OF PLANT	A	-7,814	OPERATION OF PLANT	7.00 45.33
45.34	UHF - PHONES	A	-295	NONPATIENT TELEPHONES	5.01 45.34
45.35	UHF - MATERIALS	A	-348	PURCHASING RECEIVING AND STORES	5.03 45.35
45.36	SYCAMORE SPORTS MEDICINE	B	-57,437	SYCAMORE SPORTS MED	194.06 45.36
45.37	LOBBY PHARMACY	B	-562,526	EMPLOYEE BENEFITS	4.00 45.37
45.38	LOBBYING COSTS	A	-8,188	ADMINISTRATIVE AND GENERAL	5.06 45.38
45.39	AP&S REVENUE	B	-67,800	NONPATIENT TELEPHONES	5.01 45.39
45.40	AP&S REVENUE	B	-579,533	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.40
45.41	AP&S REVENUE	B	-87	LAUNDRY & LINEN SERVICE	8.00 45.41
45.42	AP&S REVENUE	B	-424,919	DATA PROCESSING	5.02 45.42
45.43	AP&S REVENUE	B	-3,420	ADMINISTRATIVE AND GENERAL	5.06 45.43
45.44	COH REVENUE	B	-34,465	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.44
45.45	COH REVENUE	B	-4,650	NONPATIENT TELEPHONES	5.01 45.45
45.46	PHYSICIAN RENTAL	A	-36,224	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.46
45.47	PHYSICIAN RENTAL	A	-994,350	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.47
45.48	PHYSICIAN RENTAL	A	-593,191	OPERATION OF PLANT	7.00 45.48
45.49	ACCELERATED DEPRECIATION	B	-252,498	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.49
45.50	ACCELERATED DEPRECIATION	B	-7,110	NEW CAP REL COSTS-MVBLE EQUIP	2.00 45.50
45.51	ACCELERATED DEPRECIATION	B	5,510	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.51
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		27,276,816		50.00

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

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8-1

Date/Time Prepared:
2/29/2012 2:14 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	7.00	OPERATION OF PLANT	NORTH 4TH STREET	1.00
2.00	60.00	LABORATORY	LAB	2.00
3.00	56.00	RADIOISOTOPE	LAB	3.00
4.00	5.01	NONPATIENT TELEPHONES	HOME OFFICE	4.00
4.01	5.06	ADMINISTRATIVE AND GENERAL	HOME OFFICE	4.01
4.03	7.00	OPERATION OF PLANT	HOME OFFICE	4.03
4.04	9.00	HOUSEKEEPING	HOME OFFICE	4.04
4.05	1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE	4.05
4.06	2.00	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	4.06
4.07	1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE	4.07
4.08	2.00	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	4.08
4.09	9.00	HOUSEKEEPING	HOME OFFICE	4.09
4.10	5.01	NONPATIENT TELEPHONES	HOME OFFICE	4.10
4.11	50.00	OPERATING ROOM	HOME OFFICE	4.11
4.12	50.01	CARDIAC SURGERY	HOME OFFICE	4.12
4.13	50.02	WVSC	HOME OFFICE	4.13
4.14	51.00	RECOVERY ROOM	HOME OFFICE	4.14
4.15	90.07	WOUND CLINIC	HOME OFFICE	4.15
4.16	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	4.16
4.17	57.00	CT SCAN	HOME OFFICE	4.17
4.18	58.00	MAGNETIC RESONANCE IMAGING (MRI)	HOME OFFICE	4.18
4.19	66.00	PHYSICAL THERAPY	HOME OFFICE	4.19
4.20	66.02	O/P PHYSICAL THERAPY	HOME OFFICE	4.20
4.21	67.00	OCCUPATIONAL THERAPY	HOME OFFICE	4.21
4.22	68.00	SPEECH PATHOLOGY	HOME OFFICE	4.22
4.23	59.00	CARDIAC CATHETERIZATION	HOME OFFICE	4.23
4.24	69.00	ELECTROCARDIOLOGY	HOME OFFICE	4.24
4.25	69.01	CARDIAC REHAB	HOME OFFICE	4.25
4.26	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	4.26
4.27	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	4.27
4.28	7.00	OPERATION OF PLANT	HOME OFFICE	4.28
4.29	10.00	DIETARY	HOME OFFICE	4.29
4.30	11.00	CAFETERIA	HOME OFFICE	4.30
4.31	5.03	PURCHASING RECEIVING AND STORES	HOME OFFICE	4.31
4.32	5.02	DATA PROCESSING	HOME OFFICE	4.32
4.33	13.00	NURSING ADMINISTRATION	HOME OFFICE	4.33
4.34	4.00	EMPLOYEE BENEFITS	HOME OFFICE	4.34
4.35	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	4.35
4.36	5.05	CASHIERING/ACCOUNTS RECEIVABLE	HOME OFFICE	4.36
4.37	5.06	ADMINISTRATIVE AND GENERAL	HOME OFFICE	4.37
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.

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

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8-1

Date/Time Prepared:
2/29/2012 2:14 pm

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	G	UH FOUNDATION	0.00	6.00
7.00	G	TH MEDICAL LAB	0.00	7.00
8.00	G	UNION HOSPITAL	0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 150023

Period: From 09/01/2010 To 08/31/2011

Worksheet A-8-1

Date/Time Prepared: 2/29/2012 2:14 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	24,000	6,067	17,933	0	1.00
2.00	6,257,212	5,876,789	380,423	0	2.00
3.00	2,106,985	1,858,301	248,684	0	3.00
4.00	0	326,025	-326,025	0	4.00
4.01	0	1,046,085	-1,046,085	0	4.01
4.03	0	912,611	-912,611	0	4.03
4.04	0	712,221	-712,221	0	4.04
4.05	0	1,844,613	-1,844,613	9	4.05
4.06	0	7,122,265	-7,122,265	9	4.06
4.07	1,700,502	0	1,700,502	9	4.07
4.08	6,311,876	0	6,311,876	9	4.08
4.09	656,578	0	656,578	0	4.09
4.10	279,626	0	279,626	0	4.10
4.11	229,185	0	229,185	0	4.11
4.12	16,951	0	16,951	0	4.12
4.13	144,529	0	144,529	0	4.13
4.14	10,400	0	10,400	0	4.14
4.15	7,444	0	7,444	0	4.15
4.16	162,958	0	162,958	0	4.16
4.17	314,517	0	314,517	0	4.17
4.18	86,936	0	86,936	0	4.18
4.19	146,348	0	146,348	0	4.19
4.20	90,654	0	90,654	0	4.20
4.21	111,805	0	111,805	0	4.21
4.22	50,703	0	50,703	0	4.22
4.23	346,596	0	346,596	0	4.23
4.24	57,028	0	57,028	0	4.24
4.25	5,578	0	5,578	0	4.25
4.26	10,510	0	10,510	0	4.26
4.27	321,715	0	321,715	0	4.27
4.28	2,042,898	0	2,042,898	0	4.28
4.29	116,906	0	116,906	0	4.29
4.30	172,075	0	172,075	0	4.30
4.31	1,121,667	0	1,121,667	0	4.31
4.32	8,558,800	0	8,558,800	0	4.32
4.33	1,030,188	0	1,030,188	0	4.33
4.34	15,632,960	0	15,632,960	0	4.34
4.35	1,087,697	0	1,087,697	0	4.35
4.36	6,654,191	0	6,654,191	0	4.36
4.37	14,593,782	0	14,593,782	0	4.37
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	70,461,800	19,704,977	50,756,823	5.00

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

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

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

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

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

6.00		0.00	NORTH 4TH	6.00
7.00		0.00	LAB	7.00
8.00		0.00	HOME OFFICE	8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8-1

Date/Time Prepared:
2/29/2012 2:14 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: 150023

Period:
From 09/01/2010
To 08/31/2011

worksheet A-8-2

Date/Time Prepared:
2/29/2012 2:14 pm

	1.00	2.00	3.00	4.00	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	900,000	850,000	1.00
2.00	35.00	INTENSIVE NURSERY	285,282	285,282	2.00
3.00	41.00	SUBPROVIDER	97,500	0	3.00
4.00	50.00	OPERATING ROOM	5,317,670	5,281,670	4.00
5.00	50.01	CARDIAC SURGERY	1,766,154	1,766,154	5.00
6.00	54.00	RADIOLOGY	6,811,024	6,718,024	6.00
7.00	60.00	LABORATORY	670,000	0	7.00
8.00	65.00	RESPIRATORY THERAPY	6,000	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	94,745	91,545	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	987,297	987,297	10.00
11.00	69.01	CARDIAC REHAB	37,250	37,250	11.00
12.00	90.05	PATIENT NUTRITION	750	0	12.00
17.00	4.00	EMPLOYEE BENEFITS	55,818	27,909	17.00
200.00		TOTAL (lines 1.00 through 199.00)	17,029,490	16,045,131	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:
2/29/2012 2:14 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	50,000	165,600	250	19,904	995	1.00
2.00	0	0	0	0	0	2.00
3.00	97,500	138,700	1,200	80,019	4,001	3.00
4.00	36,000	204,100	240	23,550	1,178	4.00
5.00	0	204,100	0	0	0	5.00
6.00	93,000	231,100	415	46,109	2,305	6.00
7.00	670,000	219,500	4,800	506,538	25,327	7.00
8.00	6,000	155,600	40	2,992	150	8.00
9.00	3,200	208,000	32	3,200	160	9.00
10.00	0	0	0	0	0	10.00
11.00	0	138,700	0	0	0	11.00
12.00	750	138,700	3	200	10	12.00
17.00	27,909	0	244	0	0	17.00
200.00	984,359		7,224	682,512	34,126	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:
2/29/2012 2:14 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	19,904	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	80,019	3.00
4.00	0	0	0	0	23,550	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	46,109	6.00
7.00	0	0	0	0	506,538	7.00
8.00	0	0	0	0	2,992	8.00
9.00	0	0	0	0	3,200	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	200	12.00
17.00	0	0	0	0	0	17.00
200.00	0	0	0	0	682,512	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:
2/29/2012 2:14 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	30,096	880,096	1.00
2.00	0	285,282	2.00
3.00	17,481	17,481	3.00
4.00	12,450	5,294,120	4.00
5.00	0	1,766,154	5.00
6.00	46,891	6,764,915	6.00
7.00	163,462	163,462	7.00
8.00	3,008	3,008	8.00
9.00	0	91,545	9.00
10.00	0	987,297	10.00
11.00	0	37,250	11.00
12.00	550	550	12.00
17.00	27,909	55,818	17.00
200.00	301,847	16,346,978	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part I
Date/Time Prepared:
2/29/2012 2:14 pm

Cost Center Description	Net Expenses For Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		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	22,616,143	22,616,143				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	14,539,149		14,539,149			2.00
4.00 EMPLOYEE BENEFITS	17,553,701	0	0	17,553,701		4.00
5.01 NONPATIENT TELEPHONES	921,752	15,848	464,586	123,047	1,525,233	5.01
5.02 DATA PROCESSING	8,133,881	0	0	0	0	5.02
5.03 PURCHASING RECEIVING AND STORES	1,016,437	0	0	0	0	5.03
5.04 ADMITTING	1,638,222	73,862	11,732	225,489	29,504	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	6,652,109	0	0	0	0	5.05
5.06 ADMINISTRATIVE AND GENERAL	20,286,201	695,856	128,185	419,310	93,643	5.06
7.00 OPERATION OF PLANT	7,235,170	8,674,302	236,880	11,272	67,988	7.00
8.00 LAUNDRY & LINEN SERVICE	235,206	144,444	23,990	143,336	7,697	8.00
9.00 HOUSEKEEPING	6,618,744	128,162	471,371	651,637	14,111	9.00
10.00 DIETARY	2,171,106	264,766	426,855	320,238	44,898	10.00
11.00 CAFETERIA	883,519	188,926	36,506	107,641	0	11.00
13.00 NURSING ADMINISTRATION	1,030,188	0	0	0	0	13.00
16.00 MEDICAL RECORDS & LIBRARY	4,522,520	127,438	447,686	479,247	50,029	16.00
17.00 SOCIAL SERVICE	154,596	4,728	0	26,483	3,848	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,088,666	0	0	190,690	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,854,159	0	0	226,681	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	38,605	0	0	5,921	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	23,029,222	4,340,662	1,388,128	3,656,596	255,274	30.00
31.00 INTENSIVE CARE UNIT	8,367,558	554,571	658,312	1,162,713	51,311	31.00
35.00 INTENSIVE NURSERY	1,866,485	23,157	330,860	296,172	16,676	35.00
41.00 SUBPROVIDER - IRF	2,249,848	475,716	92,030	346,434	47,463	41.00
43.00 NURSERY	831,418	76,444	17,224	120,041	11,545	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	18,002,889	1,026,042	2,321,782	786,625	111,602	50.00
50.01 CARDIAC SURGERY	2,325,490	0	163,643	409,854	11,545	50.01
50.02 WVSC	12,007,747	724,344	2,301,902	4,661	0	50.02
51.00 RECOVERY ROOM	2,185,926	34,543	108,269	335,907	24,373	51.00
51.02 O/P TREATMENT ROOM	3,288,301	601,152	99,475	525,169	30,787	51.02
52.00 DELIVERY ROOM & LABOR ROOM	2,310,828	203,399	306,422	322,559	23,090	52.00
54.00 RADIOLOGY-DIAGNOSTIC	7,919,303	836,079	1,607,115	1,811,011	97,492	54.00
55.00 RADIOLOGY-THERAPEUTIC	4,808,921	636,587	865,946	17,680	64,139	55.00
56.00 RADIOISOTOPE	2,252,557	0	0	0	0	56.00
57.00 CT SCAN	2,473,296	52,394	32,719	171,181	10,262	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,866,637	62,549	60,338	102,939	6,414	58.00
59.00 CARDIAC CATHETERIZATION	18,547,456	104,618	75,373	105,601	41,049	59.00
60.00 LABORATORY	11,941,672	0	0	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,504,629	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	3,176,797	51,477	170,009	419,726	19,242	65.00
66.00 PHYSICAL THERAPY	1,887,795	273,957	91,486	272,690	30,787	66.00
66.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	564,742	35,870	15,840	91,592	14,111	66.01
66.02 O/P PHYSICAL THERAPY	1,707,772	0	147,866	209,561	6,414	66.02
67.00 OCCUPATIONAL THERAPY	1,382,536	114,991	14,609	189,992	8,980	67.00
68.00 SPEECH PATHOLOGY	607,317	77,939	6,284	80,471	2,566	68.00
69.00 ELECTROCARDIOLOGY	1,314,666	31,480	89,344	160,324	7,697	69.00
69.01 CARDIAC REHAB	338,102	173,680	69,648	54,339	8,980	69.01
70.00 ELECTROENCEPHALOGRAPHY	1,226,736	36,304	62,061	328,152	25,656	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,412,599	137,787	84,807	0	21,807	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	8,380,486	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	44,214,175	227,521	78,510	555,157	55,160	73.00
76.00 RENAL ACUTE	1,354,223	29,140	0	0	6,414	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.05 PATIENT NUTRITION	182,847	20,600	2,979	29,765	0	90.05
90.07 WOUND CLINIC	1,447,516	99,939	44,302	67,807	15,393	90.07
91.00 EMERGENCY	5,332,842	580,648	459,860	758,159	82,098	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	322,501,408	21,961,922	14,014,934	16,323,870	1,420,045	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 RURAL HEALTH	2,427,010	0	23,863	308,532	1,283	194.00
194.01 RENTAL PROPERTY	94,011	0	6,275	0	0	194.01
194.02 FAMILY PRACTICE	2,454,624	654,221	353,227	345,912	64,139	194.02
194.03 WELLNESS	272,947	0	0	40,137	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
	0			4.00	5.01	
194.04 PHYSICIAN PRACTICES	3,552,962	0	140,645	479,191	39,766	194.04
194.06 SYCAMORE SPORTS MED	324,008	0	205	56,059	0	194.06
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)	331,626,970	22,616,143	14,539,149	17,553,701	1,525,233	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
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To 08/31/2011

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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.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	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING	8,133,881					5.02
5.03	PURCHASING RECEIVING AND STORES	0	1,016,437				5.03
5.04	ADMITTING	133,457	575	2,112,841			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	6,652,109		5.05
5.06	ADMINISTRATIVE AND GENERAL	259,891	47	0	0	21,883,133	5.06
7.00	OPERATION OF PLANT	0	13	0	0	16,225,625	7.00
8.00	LAUNDRY & LINEN SERVICE	28,096	2,517	0	0	585,286	8.00
9.00	HOUSEKEEPING	105,361	22,372	0	0	8,011,758	9.00
10.00	DIETARY	98,337	1,944	0	0	3,328,144	10.00
11.00	CAFETERIA	35,120	0	0	0	1,251,712	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	1,030,188	13.00
16.00	MEDICAL RECORDS & LIBRARY	786,697	67	0	0	6,413,684	16.00
17.00	SOCIAL SERVICE	21,072	29	0	0	210,756	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,279,356	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,080,840	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	44,526	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	948,250	250,555	156,086	491,452	34,516,225	30.00
31.00	INTENSIVE CARE UNIT	196,674	148,269	47,452	149,408	11,336,268	31.00
35.00	INTENSIVE NURSERY	35,120	13,396	19,186	60,409	2,661,461	35.00
41.00	SUBPROVIDER - IRF	309,059	15,514	10,652	33,540	3,580,256	41.00
43.00	NURSERY	28,096	6,349	7,551	23,775	1,122,443	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	280,963	25,197	263,313	829,067	23,647,480	50.00
50.01	CARDIAC SURGERY	56,193	203,505	19,310	60,800	3,250,340	50.01
50.02	WVSC	0	5,981	174,514	549,474	15,768,623	50.02
51.00	RECOVERY ROOM	91,313	33,415	12,732	40,089	2,866,567	51.00
51.02	O/P TREATMENT ROOM	316,083	35,162	25,920	81,613	5,003,662	51.02
52.00	DELIVERY ROOM & LABOR ROOM	70,241	49,265	28,616	90,099	3,404,519	52.00
54.00	RADIOLOGY-DIAGNOSTIC	533,830	11,212	79,021	248,807	13,143,870	54.00
55.00	RADIOLOGY-THERAPEUTIC	105,361	482	59,105	186,098	6,744,319	55.00
56.00	RADIOISOTOPE	0	0	18,349	57,773	2,328,679	56.00
57.00	CT SCAN	0	23,515	121,902	383,822	3,269,091	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	28,096	434	33,697	106,099	2,267,203	58.00
59.00	CARDIAC CATHETERIZATION	28,096	7,626	178,474	561,944	19,650,237	59.00
60.00	LABORATORY	0	0	133,827	421,366	12,496,865	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	10,092	31,775	2,546,496	62.00
65.00	RESPIRATORY THERAPY	56,193	25,000	24,655	77,629	4,020,728	65.00
66.00	PHYSICAL THERAPY	189,650	1,047	16,040	50,503	2,813,955	66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	56,193	31	0	0	778,379	66.01
66.02	O/P PHYSICAL THERAPY	154,530	1,313	9,935	31,283	2,268,674	66.02
67.00	OCCUPATIONAL THERAPY	0	44	12,254	38,582	1,761,988	67.00
68.00	SPEECH PATHOLOGY	7,024	1	5,557	17,496	804,655	68.00
69.00	ELECTROCARDIOLOGY	91,313	4,172	29,365	92,458	1,820,819	69.00
69.01	CARDIAC REHAB	14,048	687	2,872	9,044	671,400	69.01
70.00	ELECTROENCEPHALOGRAPHY	28,096	487	5,412	17,040	1,729,944	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,166	15,862	49,941	1,723,969	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	21,376	67,304	8,469,166	72.00
73.00	DRUGS CHARGED TO PATIENTS	112,385	8,561	399,677	1,258,042	46,909,188	73.00
76.00	RENAL ACUTE	0	3,982	5,789	18,226	1,417,774	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
90.05	PATIENT NUTRITION	14,048	11	345	1,087	251,682	90.05
90.07	WOUND CLINIC	28,096	6,144	9,113	28,692	1,747,002	90.07
91.00	EMERGENCY	1,299,457	99,273	154,790	487,372	9,254,499	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,546,439	1,009,360	2,112,841	6,652,109	318,393,434	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	RURAL HEALTH	435,493	2,050	0	0	3,198,231	194.00
194.01	RENTAL PROPERTY	0	0	0	0	100,286	194.01
194.02	FAMILY PRACTICE	913,130	1,660	0	0	4,786,913	194.02
194.03	WELLNESS	0	0	0	0	313,084	194.03
194.04	PHYSICIAN PRACTICES	238,819	3,367	0	0	4,454,750	194.04
194.06	SYCAMORE SPORTS MED	0	0	0	0	380,272	194.06
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
202.00 TOTAL (sum lines 118-201)	8,133,881	1,016,437	2,112,841	6,652,109	331,626,970	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
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Cost Center Description		ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	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	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	ADMINISTRATIVE AND GENERAL	21,883,133					5.06
7.00	OPERATION OF PLANT	1,146,324	17,371,949				7.00
8.00	LAUNDRY & LINEN SERVICE	41,350	257,194	883,830			8.00
9.00	HOUSEKEEPING	566,023	238,811	2,195	8,818,787		9.00
10.00	DIETARY	235,130	455,158	0	237,850	4,256,282	10.00
11.00	CAFETERIA	88,432	296,924	0	155,162	0	11.00
13.00	NURSING ADMINISTRATION	72,782	0	0	0	0	13.00
16.00	MEDICAL RECORDS & LIBRARY	453,120	340,091	0	177,720	0	16.00
17.00	SOCIAL SERVICE	14,890	8,419	0	4,399	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	90,385	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	147,009	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	3,146	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,438,537	5,760,582	321,343	3,010,283	3,220,855	30.00
31.00	INTENSIVE CARE UNIT	800,896	835,538	55,950	436,623	491,221	31.00
35.00	INTENSIVE NURSERY	188,030	41,234	8,784	21,547	0	35.00
41.00	SUBPROVIDER - IRF	252,942	701,228	25,776	366,438	292,715	41.00
43.00	NURSERY	79,299	136,114	10,450	71,128	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,670,671	1,553,259	93,423	811,680	0	50.00
50.01	CARDIAC SURGERY	229,633	18,813	65	9,831	0	50.01
50.02	WVSC	1,114,037	0	0	0	0	50.02
51.00	RECOVERY ROOM	202,520	129,757	48,985	67,806	0	51.00
51.02	O/P TREATMENT ROOM	353,504	245,984	56,020	128,543	242,905	51.02
52.00	DELIVERY ROOM & LABOR ROOM	240,526	421,140	36,474	220,074	5,505	52.00
54.00	RADIOLOGY-DIAGNOSTIC	928,601	1,424,404	28,838	744,345	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	476,479	1,032,814	19,403	539,713	0	55.00
56.00	RADIOISOTOPE	164,519	0	0	0	0	56.00
57.00	CT SCAN	230,958	76,883	0	40,177	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	160,176	0	16,088	0	0	58.00
59.00	CARDIAC CATHETERIZATION	1,388,270	279,057	11,218	145,825	3,081	59.00
60.00	LABORATORY	882,891	0	0	0	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	179,907	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	284,060	78,988	92	41,276	0	65.00
66.00	PHYSICAL THERAPY	198,803	328,537	3,952	171,682	0	66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	54,992	51,757	0	27,046	0	66.01
66.02	O/P PHYSICAL THERAPY	160,280	0	10,155	0	0	66.02
67.00	OCCUPATIONAL THERAPY	124,483	218,624	0	114,245	0	67.00
68.00	SPEECH PATHOLOGY	56,848	142,084	0	74,248	0	68.00
69.00	ELECTROCARDIOLOGY	128,639	56,052	4,555	29,291	0	69.00
69.01	CARDIAC REHAB	47,434	618,503	406	323,208	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	122,219	64,642	2,263	33,780	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	121,797	223,864	0	116,983	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	598,338	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	3,314,126	216,218	0	112,988	0	73.00
76.00	RENAL ACUTE	100,164	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
90.05	PATIENT NUTRITION	17,781	38,399	0	20,066	0	90.05
90.07	WOUND CLINIC	123,424	138,648	5,105	72,453	0	90.07
91.00	EMERGENCY	653,821	892,534	117,716	466,408	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	20,948,196	17,322,254	879,256	8,792,818	4,256,282	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	49,695	0	25,969	0	190.00
194.00	RURAL HEALTH	225,952	0	909	0	0	194.00
194.01	RENTAL PROPERTY	7,085	0	0	0	0	194.01
194.02	FAMILY PRACTICE	338,191	0	1,828	0	0	194.02
194.03	WELLNESS	22,119	0	0	0	0	194.03
194.04	PHYSICIAN PRACTICES	314,724	0	1,837	0	0	194.04
194.06	SYCAMORE SPORTS MED	26,866	0	0	0	0	194.06
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)	21,883,133	17,371,949	883,830	8,818,787	4,256,282	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	11.00	13.00	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 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING RECEIVING AND STORES					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 ADMINISTRATIVE AND GENERAL					5.06
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA	1,792,230				11.00
13.00 NURSING ADMINISTRATION	0	1,102,970			13.00
16.00 MEDICAL RECORDS & LIBRARY	91,621	0	7,476,236		16.00
17.00 SOCIAL SERVICE	3,069	0	0	241,533	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	542,272	418,864	682,402	119,984	30.00
31.00 INTENSIVE CARE UNIT	146,272	112,983	207,459	23,905	31.00
35.00 INTENSIVE NURSERY	31,417	24,267	83,880	22,710	35.00
41.00 SUBPROVIDER - IRF	48,660	37,586	46,572	0	41.00
43.00 NURSERY	15,197	11,739	33,012	12,780	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	115,585	87,926	1,227,991	0	50.00
50.01 CARDIAC SURGERY	20,165	15,576	90,726	0	50.01
50.02 WVSC	1,023	790	773,580	0	50.02
51.00 RECOVERY ROOM	41,938	32,394	55,665	1,839	51.00
51.02 O/P TREATMENT ROOM	75,109	58,015	95,231	23,905	51.02
52.00 DELIVERY ROOM & LABOR ROOM	39,162	30,249	125,107	552	52.00
54.00 RADIOLOGY-DIAGNOSTIC	101,119	0	341,472	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	1,461	0	258,405	2,666	55.00
56.00 RADIOISOTOPE	0	0	0	0	56.00
57.00 CT SCAN	17,827	0	532,953	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	10,521	0	147,323	0	58.00
59.00 CARDIAC CATHETERIZATION	6,430	4,966	780,283	276	59.00
60.00 LABORATORY	0	0	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	52,897	40,859	107,792	0	65.00
66.00 PHYSICAL THERAPY	22,796	25,847	70,126	0	66.00
66.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,283	8,127	0	0	66.01
66.02 O/P PHYSICAL THERAPY	24,695	19,075	43,437	92	66.02
67.00 OCCUPATIONAL THERAPY	20,750	17,608	53,572	0	67.00
68.00 SPEECH PATHOLOGY	8,037	6,546	24,295	0	68.00
69.00 ELECTROCARDIOLOGY	20,750	0	128,382	0	69.00
69.01 CARDIAC REHAB	7,306	5,644	12,557	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	11,836	0	23,661	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	64,441	43,455	754,562	0	73.00
76.00 RENAL ACUTE	0	0	25,308	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0	0	90.00
90.05 PATIENT NUTRITION	4,384	0	1,509	0	90.05
90.07 WOUND CLINIC	8,914	6,885	39,840	92	90.07
91.00 EMERGENCY	112,517	86,910	676,737	32,640	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,674,454	1,096,311	7,443,839	241,441	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 RURAL HEALTH	0	0	0	0	194.00
194.01 RENTAL PROPERTY	0	0	0	0	194.01
194.02 FAMILY PRACTICE	86,506	0	32,397	0	194.02
194.03 WELLNESS	0	0	0	0	194.03
194.04 PHYSICIAN PRACTICES	22,649	0	0	92	194.04
194.06 SYCAMORE SPORTS MED	8,621	6,659	0	0	194.06
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
	11.00	13.00	16.00	17.00		
202.00 TOTAL (sum lines 118-201)	1,792,230	1,102,970	7,476,236	241,533		202.00

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.01 NONPATIENT TELEPHONES							5.01
5.02 DATA PROCESSING							5.02
5.03 PURCHASING RECEIVING AND STORES							5.03
5.04 ADMITTING							5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 ADMINISTRATIVE AND GENERAL							5.06
7.00 OPERATION OF PLANT							7.00
8.00 LAUNDRY & LINEN SERVICE							8.00
9.00 HOUSEKEEPING							9.00
10.00 DIETARY							10.00
11.00 CAFETERIA							11.00
13.00 NURSING ADMINISTRATION							13.00
16.00 MEDICAL RECORDS & LIBRARY							16.00
17.00 SOCIAL SERVICE							17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,369,741						21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,227,849					22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	47,672				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	644,423	1,048,138	0	52,723,908	-1,692,561		30.00
31.00 INTENSIVE CARE UNIT	24,680	40,141	0	14,511,936	-64,821		31.00
35.00 INTENSIVE NURSERY	34,278	55,752	0	3,173,360	-90,030		35.00
41.00 SUBPROVIDER - IRF	0	0	0	5,352,173	0		41.00
43.00 NURSERY	0	0	0	1,492,162	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	27,422	44,602	0	29,280,039	-72,024		50.00
50.01 CARDIAC SURGERY	0	0	0	3,635,149	0		50.01
50.02 WVSC	0	0	0	17,658,053	0		50.02
51.00 RECOVERY ROOM	0	0	0	3,447,471	0		51.00
51.02 O/P TREATMENT ROOM	0	0	0	6,282,878	0		51.02
52.00 DELIVERY ROOM & LABOR ROOM	127,513	207,397	0	4,858,218	-334,910		52.00
54.00 RADIOLOGY-DIAGNOSTIC	20,567	33,451	47,672	16,814,339	-54,018		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	9,075,260	0		55.00
56.00 RADIOISOTOPE	0	0	0	2,493,198	0		56.00
57.00 CT SCAN	0	0	0	4,167,889	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,601,311	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	22,269,643	0		59.00
60.00 LABORATORY	0	0	0	13,379,756	0		60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,726,403	0		62.00
65.00 RESPIRATORY THERAPY	0	0	0	4,626,692	0		65.00
66.00 PHYSICAL THERAPY	0	0	0	3,635,698	0		66.00
66.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	926,584	0		66.01
66.02 O/P PHYSICAL THERAPY	1,371	2,230	0	2,530,009	-3,601		66.02
67.00 OCCUPATIONAL THERAPY	0	0	0	2,311,270	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0	1,116,713	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0	2,188,488	0		69.00
69.01 CARDIAC REHAB	0	0	0	1,686,458	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	1,988,345	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,186,613	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,067,504	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	51,414,978	0		73.00
76.00 RENAL ACUTE	0	0	0	1,543,246	0		76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	0	0	0	0	0		90.00
90.05 PATIENT NUTRITION	0	0	0	333,821	0		90.05
90.07 WOUND CLINIC	2,742	4,460	0	2,149,565	-7,202		90.07
91.00 EMERGENCY	0	0	0	12,293,782	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
SPECIAL PURPOSE COST CENTERS							
118.00 SUBTOTALS (SUM OF LINES 1-117)	882,996	1,436,171	47,672	315,942,912	-2,319,167		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	75,664	0		190.00
194.00 RURAL HEALTH	13,711	22,301	0	3,461,104	-36,012		194.00
194.01 RENTAL PROPERTY	0	0	0	107,371	0		194.01
194.02 FAMILY PRACTICE	473,034	769,377	0	6,488,246	-1,242,411		194.02
194.03 WELLNESS	0	0	0	335,203	0		194.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00	23.00	24.00	25.00	
194.04 PHYSICIAN PRACTICES	0	0	0	4,794,052	0	194.04
194.06 SYCAMORE SPORTS MED	0	0	0	422,418	0	194.06
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,369,741	2,227,849	47,672	331,626,970	-3,597,590	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		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	NONPATIENT TELEPHONES		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING RECEIVING AND STORES		5.03
5.04	ADMITTING		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	ADMINISTRATIVE AND GENERAL		5.06
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	51,031,347	30.00
31.00	INTENSIVE CARE UNIT	14,447,115	31.00
35.00	INTENSIVE NURSERY	3,083,330	35.00
41.00	SUBPROVIDER - IRF	5,352,173	41.00
43.00	NURSERY	1,492,162	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	29,208,015	50.00
50.01	CARDIAC SURGERY	3,635,149	50.01
50.02	WVSC	17,658,053	50.02
51.00	RECOVERY ROOM	3,447,471	51.00
51.02	O/P TREATMENT ROOM	6,282,878	51.02
52.00	DELIVERY ROOM & LABOR ROOM	4,523,308	52.00
54.00	RADIOLOGY-DIAGNOSTIC	16,760,321	54.00
55.00	RADIOLOGY-THERAPEUTIC	9,075,260	55.00
56.00	RADIOISOTOPE	2,493,198	56.00
57.00	CT SCAN	4,167,889	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,601,311	58.00
59.00	CARDIAC CATHETERIZATION	22,269,643	59.00
60.00	LABORATORY	13,379,756	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,726,403	62.00
65.00	RESPIRATORY THERAPY	4,626,692	65.00
66.00	PHYSICAL THERAPY	3,635,698	66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	926,584	66.01
66.02	O/P PHYSICAL THERAPY	2,526,408	66.02
67.00	OCCUPATIONAL THERAPY	2,311,270	67.00
68.00	SPEECH PATHOLOGY	1,116,713	68.00
69.00	ELECTROCARDIOLOGY	2,188,488	69.00
69.01	CARDIAC REHAB	1,686,458	69.01
70.00	ELECTROENCEPHALOGRAPHY	1,988,345	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,186,613	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	9,067,504	72.00
73.00	DRUGS CHARGED TO PATIENTS	51,414,978	73.00
76.00	RENAL ACUTE	1,543,246	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0	90.00
90.05	PATIENT NUTRITION	333,821	90.05
90.07	WOUND CLINIC	2,142,363	90.07
91.00	EMERGENCY	12,293,782	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	313,623,745	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	75,664	190.00
194.00	RURAL HEALTH	3,425,092	194.00
194.01	RENTAL PROPERTY	107,371	194.01
194.02	FAMILY PRACTICE	5,245,835	194.02
194.03	WELLNESS	335,203	194.03
194.04	PHYSICIAN PRACTICES	4,794,052	194.04
194.06	SYCAMORE SPORTS MED	422,418	194.06
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	328,029,380	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	0	0	0	0 4.00
5.01 NONPATIENT TELEPHONES	0	15,848	464,586	480,434	0 5.01
5.02 DATA PROCESSING	0	0	0	0	0 5.02
5.03 PURCHASING RECEIVING AND STORES	0	0	0	0	0 5.03
5.04 ADMITTING	0	73,862	11,732	85,594	0 5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	4,603	0	0	4,603	0 5.05
5.06 ADMINISTRATIVE AND GENERAL	27,425	695,856	128,185	851,466	0 5.06
7.00 OPERATION OF PLANT	47,412	8,674,302	236,880	8,958,594	0 7.00
8.00 LAUNDRY & LINEN SERVICE	77	144,444	23,990	168,511	0 8.00
9.00 HOUSEKEEPING	2,983	128,162	471,371	602,516	0 9.00
10.00 DIETARY	25,069	264,766	426,855	716,690	0 10.00
11.00 CAFETERIA	0	188,926	36,506	225,432	0 11.00
13.00 NURSING ADMINISTRATION	0	0	0	0	0 13.00
16.00 MEDICAL RECORDS & LIBRARY	18,509	127,438	447,686	593,633	0 16.00
17.00 SOCIAL SERVICE	0	4,728	0	4,728	0 17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	22,762	4,340,662	1,388,128	5,751,552	0 30.00
31.00 INTENSIVE CARE UNIT	11,586	554,571	658,312	1,224,469	0 31.00
35.00 INTENSIVE NURSERY	4,615	23,157	330,860	358,632	0 35.00
41.00 SUBPROVIDER - IRF	2,099	475,716	92,030	569,845	0 41.00
43.00 NURSERY	3,513	76,444	17,224	97,181	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	790,781	1,026,042	2,321,782	4,138,605	0 50.00
50.01 CARDIAC SURGERY	52,706	0	163,643	216,349	0 50.01
50.02 WVSC	413,348	724,344	2,301,902	3,439,594	0 50.02
51.00 RECOVERY ROOM	2,052	34,543	108,269	144,864	0 51.00
51.02 O/P TREATMENT ROOM	1,431	601,152	99,475	702,058	0 51.02
52.00 DELIVERY ROOM & LABOR ROOM	39,907	203,399	306,422	549,728	0 52.00
54.00 RADIOLOGY-DIAGNOSTIC	1,218,591	836,079	1,607,115	3,661,785	0 54.00
55.00 RADIOLOGY-THERAPEUTIC	1,112,957	636,587	865,946	2,615,490	0 55.00
56.00 RADIOISOTOPE	248,685	0	0	248,685	0 56.00
57.00 CT SCAN	521,372	52,394	32,719	606,485	0 57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	834,247	62,549	60,338	957,134	0 58.00
59.00 CARDIAC CATHETERIZATION	2,828,815	104,618	75,373	3,008,806	0 59.00
60.00 LABORATORY	380,424	0	0	380,424	0 60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00 RESPIRATORY THERAPY	271,742	51,477	170,009	493,228	0 65.00
66.00 PHYSICAL THERAPY	101,723	273,957	91,486	467,166	0 66.00
66.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,260	35,870	15,840	64,970	0 66.01
66.02 O/P PHYSICAL THERAPY	230,665	0	147,866	378,531	0 66.02
67.00 OCCUPATIONAL THERAPY	119,965	114,991	14,609	249,565	0 67.00
68.00 SPEECH PATHOLOGY	59,264	77,939	6,284	143,487	0 68.00
69.00 ELECTROCARDIOLOGY	153,232	31,480	89,344	274,056	0 69.00
69.01 CARDIAC REHAB	2,109	173,680	69,648	245,437	0 69.01
70.00 ELECTROENCEPHALOGRAPHY	10,257	36,304	62,061	108,622	0 70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	379,562	137,787	84,807	602,156	0 71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 DRUGS CHARGED TO PATIENTS	809,490	227,521	78,510	1,115,521	0 73.00
76.00 RENAL ACUTE	0	29,140	0	29,140	0 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0	0	0 90.00
90.05 PATIENT NUTRITION	2,102	20,600	2,979	25,681	0 90.05
90.07 WOUND CLINIC	1,736	99,939	44,302	145,977	0 90.07
91.00 EMERGENCY	27,533	580,648	459,860	1,068,041	0 91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,798,609	21,961,922	14,014,934	46,775,465	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00 RURAL HEALTH	14,937	0	23,863	38,800	0 194.00
194.01 RENTAL PROPERTY	0	0	6,275	6,275	0 194.01
194.02 FAMILY PRACTICE	22,746	654,221	353,227	1,030,194	0 194.02
194.03 WELLNESS	0	0	0	0	0 194.03
194.04 PHYSICIAN PRACTICES	120,246	0	140,645	260,891	0 194.04

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	2.00	2A	4.00	
194.06 SYCAMORE SPORTS MED	0	0	205	205	0	194.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	10,956,538	22,616,143	14,539,149	48,111,830		202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
	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 NONPATIENT TELEPHONES	480,434					5.01
5.02 DATA PROCESSING	0	0				5.02
5.03 PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04 ADMITTING	9,294	0	0	94,888		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	4,603	5.05
5.06 ADMINISTRATIVE AND GENERAL	29,497	0	0	0	0	5.06
7.00 OPERATION OF PLANT	21,415	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	2,424	0	0	0	0	8.00
9.00 HOUSEKEEPING	4,445	0	0	0	0	9.00
10.00 DIETARY	14,142	0	0	0	0	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	0	0	0	0	0	13.00
16.00 MEDICAL RECORDS & LIBRARY	15,759	0	0	0	0	16.00
17.00 SOCIAL SERVICE	1,212	0	0	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	80,410	0	0	7,002	365	30.00
31.00 INTENSIVE CARE UNIT	16,163	0	0	2,129	111	31.00
35.00 INTENSIVE NURSERY	5,253	0	0	861	45	35.00
41.00 SUBPROVIDER - IRF	14,950	0	0	478	25	41.00
43.00 NURSERY	3,637	0	0	339	18	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	35,154	0	0	11,812	615	50.00
50.01 CARDIAC SURGERY	3,637	0	0	866	45	50.01
50.02 WVSC	0	0	0	7,829	408	50.02
51.00 RECOVERY ROOM	7,677	0	0	571	30	51.00
51.02 O/P TREATMENT ROOM	9,698	0	0	1,163	61	51.02
52.00 DELIVERY ROOM & LABOR ROOM	7,273	0	0	1,284	67	52.00
54.00 RADIOLOGY-DIAGNOSTIC	30,709	0	0	3,545	185	54.00
55.00 RADIOLOGY-THERAPEUTIC	20,203	0	0	2,651	138	55.00
56.00 RADIOISOTOPE	0	0	0	823	43	56.00
57.00 CT SCAN	3,233	0	0	5,469	285	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	2,020	0	0	1,512	79	58.00
59.00 CARDIAC CATHETERIZATION	12,930	0	0	8,006	417	59.00
60.00 LABORATORY	0	0	0	6,003	313	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	453	24	62.00
65.00 RESPIRATORY THERAPY	6,061	0	0	1,106	58	65.00
66.00 PHYSICAL THERAPY	9,698	0	0	720	37	66.00
66.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,445	0	0	0	0	66.01
66.02 O/P PHYSICAL THERAPY	2,020	0	0	446	23	66.02
67.00 OCCUPATIONAL THERAPY	2,828	0	0	550	29	67.00
68.00 SPEECH PATHOLOGY	808	0	0	249	13	68.00
69.00 ELECTROCARDIOLOGY	2,424	0	0	1,317	69	69.00
69.01 CARDIAC REHAB	2,828	0	0	129	7	69.01
70.00 ELECTROENCEPHALOGRAPHY	8,081	0	0	243	13	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,869	0	0	712	37	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	959	50	72.00
73.00 DRUGS CHARGED TO PATIENTS	17,375	0	0	18,033	595	73.00
76.00 RENAL ACUTE	2,020	0	0	260	14	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.05 PATIENT NUTRITION	0	0	0	15	1	90.05
90.07 WOUND CLINIC	4,849	0	0	409	21	90.07
91.00 EMERGENCY	25,860	0	0	6,944	362	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	447,301	0	0	94,888	4,603	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 RURAL HEALTH	404	0	0	0	0	194.00
194.01 RENTAL PROPERTY	0	0	0	0	0	194.01
194.02 FAMILY PRACTICE	20,203	0	0	0	0	194.02
194.03 WELLNESS	0	0	0	0	0	194.03
194.04 PHYSICIAN PRACTICES	12,526	0	0	0	0	194.04
194.06 SYCAMORE SPORTS MED	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:
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Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
	5.01	5.02	5.03	5.04	5.05	
202.00 TOTAL (sum lines 118-201)	480,434	0	0	94,888	4,603	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023	Period: From 09/01/2010 To 08/31/2011	Worksheet B Part II Date/Time Prepared: 2/29/2012 2:14 pm		
Cost Center Description	ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 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	NONPATIENT TELEPHONES					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING RECEIVING AND STORES					5.03
5.04	ADMITTING					5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	ADMINISTRATIVE AND GENERAL	880,963				5.06
7.00	OPERATION OF PLANT	46,146	9,026,155			7.00
8.00	LAUNDRY & LINEN SERVICE	1,665	133,634	306,234		8.00
9.00	HOUSEKEEPING	22,785	124,082	761	754,589	9.00
10.00	DIETARY	9,465	236,492	0	20,352	997,141
11.00	CAFETERIA	3,560	154,277	0	13,277	0
13.00	NURSING ADMINISTRATION	2,930	0	0	0	0
16.00	MEDICAL RECORDS & LIBRARY	18,241	176,705	0	15,207	0
17.00	SOCIAL SERVICE	599	4,374	0	376	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	3,638	0	0	0	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,918	0	0	0	0
23.00	PARAMED ED PRGM-(SPECIFY)	127	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	98,164	2,993,095	111,339	257,577	754,565
31.00	INTENSIVE CARE UNIT	32,240	434,130	19,386	37,360	115,081
35.00	INTENSIVE NURSERY	7,569	21,424	3,043	1,844	0
41.00	SUBPROVIDER - IRF	10,182	364,346	8,931	31,355	68,576
43.00	NURSERY	3,192	70,722	3,621	6,086	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	67,253	807,046	32,370	69,452	0
50.01	CARDIAC SURGERY	9,244	9,775	22	841	0
50.02	WVSC	44,846	0	0	0	0
51.00	RECOVERY ROOM	8,153	67,419	16,973	5,802	0
51.02	O/P TREATMENT ROOM	14,230	127,809	19,410	10,999	56,907
52.00	DELIVERY ROOM & LABOR ROOM	9,682	218,817	12,638	18,831	1,290
54.00	RADIOLOGY-DIAGNOSTIC	37,381	740,095	9,992	63,691	0
55.00	RADIOLOGY-THERAPEUTIC	19,181	536,632	6,723	46,181	0
56.00	RADIOISOTOPE	6,623	0	0	0	0
57.00	CT SCAN	9,297	39,947	0	3,438	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	6,448	0	5,574	0	0
59.00	CARDIAC CATHETERIZATION	55,885	144,993	3,887	12,478	722
60.00	LABORATORY	35,541	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,242	0	0	0	0
65.00	RESPIRATORY THERAPY	11,435	41,041	32	3,532	0
66.00	PHYSICAL THERAPY	8,003	170,702	1,369	14,690	0
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,214	26,892	0	2,314	0
66.02	O/P PHYSICAL THERAPY	6,452	0	3,519	0	0
67.00	OCCUPATIONAL THERAPY	5,011	113,593	0	9,776	0
68.00	SPEECH PATHOLOGY	2,288	73,824	0	6,353	0
69.00	ELECTROCARDIOLOGY	5,178	29,124	1,578	2,506	0
69.01	CARDIAC REHAB	1,909	321,363	141	27,656	0
70.00	ELECTROENCEPHALOGRAPHY	4,920	33,587	784	2,890	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,903	116,316	0	10,010	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	24,086	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	133,466	112,343	0	9,668	0
76.00	RENAL ACUTE	4,032	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	0
90.05	PATIENT NUTRITION	716	19,951	0	1,717	0
90.07	WOUND CLINIC	4,968	72,039	1,769	6,199	0
91.00	EMERGENCY	26,320	463,745	40,787	39,909	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	843,328	9,000,334	304,649	752,367	997,141
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,821	0	2,222	0
194.00	RURAL HEALTH	9,096	0	315	0	0
194.01	RENTAL PROPERTY	285	0	0	0	0
194.02	FAMILY PRACTICE	13,614	0	633	0	0
194.03	WELLNESS	890	0	0	0	0
194.04	PHYSICIAN PRACTICES	12,669	0	637	0	0
194.06	SYCAMORE SPORTS MED	1,081	0	0	0	0
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	880,963	9,026,155	306,234	754,589	997,141

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	11.00	13.00	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 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING RECEIVING AND STORES					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 ADMINISTRATIVE AND GENERAL					5.06
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA	396,546				11.00
13.00 NURSING ADMINISTRATION	0	2,930			13.00
16.00 MEDICAL RECORDS & LIBRARY	20,272	0	839,817		16.00
17.00 SOCIAL SERVICE	679	0	0	11,968	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	119,985	1,113	76,657	5,946	30.00
31.00 INTENSIVE CARE UNIT	32,364	300	23,305	1,184	31.00
35.00 INTENSIVE NURSERY	6,951	64	9,423	1,125	35.00
41.00 SUBPROVIDER - IRF	10,766	100	5,232	0	41.00
43.00 NURSERY	3,362	31	3,708	633	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	25,574	234	137,921	0	50.00
50.01 CARDIAC SURGERY	4,462	41	10,192	0	50.01
50.02 WVSC	226	2	86,900	0	50.02
51.00 RECOVERY ROOM	9,279	86	6,253	91	51.00
51.02 O/P TREATMENT ROOM	16,618	154	10,698	1,184	51.02
52.00 DELIVERY ROOM & LABOR ROOM	8,665	80	14,054	27	52.00
54.00 RADIOLOGY-DIAGNOSTIC	22,373	0	38,359	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	323	0	29,028	132	55.00
56.00 RADIOISOTOPE	0	0	0	0	56.00
57.00 CT SCAN	3,944	0	59,869	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	2,328	0	16,549	0	58.00
59.00 CARDIAC CATHETERIZATION	1,423	13	87,653	14	59.00
60.00 LABORATORY	0	0	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	11,704	109	12,109	0	65.00
66.00 PHYSICAL THERAPY	5,044	69	7,878	0	66.00
66.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,390	22	0	0	66.01
66.02 O/P PHYSICAL THERAPY	5,464	51	4,880	5	66.02
67.00 OCCUPATIONAL THERAPY	4,591	47	6,018	0	67.00
68.00 SPEECH PATHOLOGY	1,778	17	2,729	0	68.00
69.00 ELECTROCARDIOLOGY	4,591	0	14,422	0	69.00
69.01 CARDIAC REHAB	1,617	15	1,411	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	2,619	0	2,658	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	14,258	115	84,763	0	73.00
76.00 RENAL ACUTE	0	0	2,843	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0	0	90.00
90.05 PATIENT NUTRITION	970	0	170	0	90.05
90.07 WOUND CLINIC	1,972	18	4,475	5	90.07
91.00 EMERGENCY	24,895	231	76,021	1,617	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1-117)	370,487	2,912	836,178	11,963	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 RURAL HEALTH	0	0	0	0	194.00
194.01 RENTAL PROPERTY	0	0	0	0	194.01
194.02 FAMILY PRACTICE	19,140	0	3,639	0	194.02
194.03 WELLNESS	0	0	0	0	194.03
194.04 PHYSICIAN PRACTICES	5,011	0	0	5	194.04
194.06 SYCAMORE SPORTS MED	1,908	18	0	0	194.06
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		11.00	13.00	16.00	17.00	
202.00 TOTAL (sum lines 118-201)	396,546	2,930	839,817	11,968		202.00

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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	21.00	22.00			
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 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING RECEIVING AND STORES					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 ADMINISTRATIVE AND GENERAL					5.06
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	3,638				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		5,918			22.00
23.00 PARAMED ED PRGM-(SPECIFY)			127		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS				10,257,770	0 30.00
31.00 INTENSIVE CARE UNIT				1,938,222	0 31.00
35.00 INTENSIVE NURSERY				416,234	0 35.00
41.00 SUBPROVIDER - IRF				1,084,786	0 41.00
43.00 NURSERY				192,530	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM				5,326,036	0 50.00
50.01 CARDIAC SURGERY				255,474	0 50.01
50.02 WVSC				3,579,805	0 50.02
51.00 RECOVERY ROOM				267,198	0 51.00
51.02 O/P TREATMENT ROOM				970,989	0 51.02
52.00 DELIVERY ROOM & LABOR ROOM				842,436	0 52.00
54.00 RADIOLOGY-DIAGNOSTIC				4,608,115	0 54.00
55.00 RADIOLOGY-THERAPEUTIC				3,276,682	0 55.00
56.00 RADIOISOTOPE				256,174	0 56.00
57.00 CT SCAN				731,967	0 57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)				991,644	0 58.00
59.00 CARDIAC CATHETERIZATION				3,337,227	0 59.00
60.00 LABORATORY				422,281	0 60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS				7,719	0 62.00
65.00 RESPIRATORY THERAPY				580,415	0 65.00
66.00 PHYSICAL THERAPY				685,376	0 66.00
66.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				102,247	0 66.01
66.02 O/P PHYSICAL THERAPY				401,391	0 66.02
67.00 OCCUPATIONAL THERAPY				392,008	0 67.00
68.00 SPEECH PATHOLOGY				231,546	0 68.00
69.00 ELECTROCARDIOLOGY				335,265	0 69.00
69.01 CARDIAC REHAB				602,513	0 69.01
70.00 ELECTROENCEPHALOGRAPHY				164,417	0 70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS				741,003	0 71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS				25,095	0 72.00
73.00 DRUGS CHARGED TO PATIENTS				1,506,137	0 73.00
76.00 RENAL ACUTE				38,309	0 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC				0	0 90.00
90.05 PATIENT NUTRITION				49,221	0 90.05
90.07 WOUND CLINIC				242,701	0 90.07
91.00 EMERGENCY				1,774,732	0 91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	46,635,665	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN				28,043	0 190.00
194.00 RURAL HEALTH				48,615	0 194.00
194.01 RENTAL PROPERTY				6,560	0 194.01
194.02 FAMILY PRACTICE				1,087,423	0 194.02
194.03 WELLNESS				890	0 194.03

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
194.04 PHYSICIAN PRACTICES				291,739	0	194.04
194.06 SYCAMORE SPORTS MED				3,212	0	194.06
200.00 Cross Foot Adjustments	3,638	5,918	127	9,683	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,638	5,918	127	48,111,830	0	202.00

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Cost Center Description		Total	
		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	NONPATIENT TELEPHONES		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING RECEIVING AND STORES		5.03
5.04	ADMITTING		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	ADMINISTRATIVE AND GENERAL		5.06
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	10,257,770	30.00
31.00	INTENSIVE CARE UNIT	1,938,222	31.00
35.00	INTENSIVE NURSERY	416,234	35.00
41.00	SUBPROVIDER - IRF	1,084,786	41.00
43.00	NURSERY	192,530	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	5,326,036	50.00
50.01	CARDIAC SURGERY	255,474	50.01
50.02	WVSC	3,579,805	50.02
51.00	RECOVERY ROOM	267,198	51.00
51.02	O/P TREATMENT ROOM	970,989	51.02
52.00	DELIVERY ROOM & LABOR ROOM	842,436	52.00
54.00	RADIOLOGY-DIAGNOSTIC	4,608,115	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,276,682	55.00
56.00	RADIOISOTOPE	256,174	56.00
57.00	CT SCAN	731,967	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	991,644	58.00
59.00	CARDIAC CATHETERIZATION	3,337,227	59.00
60.00	LABORATORY	422,281	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,719	62.00
65.00	RESPIRATORY THERAPY	580,415	65.00
66.00	PHYSICAL THERAPY	685,376	66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	102,247	66.01
66.02	O/P PHYSICAL THERAPY	401,391	66.02
67.00	OCCUPATIONAL THERAPY	392,008	67.00
68.00	SPEECH PATHOLOGY	231,546	68.00
69.00	ELECTROCARDIOLOGY	335,265	69.00
69.01	CARDIAC REHAB	602,513	69.01
70.00	ELECTROENCEPHALOGRAPHY	164,417	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	741,003	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	25,095	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,506,137	73.00
76.00	RENAL ACUTE	38,309	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0	90.00
90.05	PATIENT NUTRITION	49,221	90.05
90.07	WOUND CLINIC	242,701	90.07
91.00	EMERGENCY	1,774,732	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	46,635,665	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,043	190.00
194.00	RURAL HEALTH	48,615	194.00
194.01	RENTAL PROPERTY	6,560	194.01
194.02	FAMILY PRACTICE	1,087,423	194.02
194.03	WELLNESS	890	194.03
194.04	PHYSICIAN PRACTICES	291,739	194.04
194.06	SYCAMORE SPORTS MED	3,212	194.06
200.00	Cross Foot Adjustments	9,683	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	48,111,830	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
	1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	937,562				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		4,675,635			2.00
4.00	EMPLOYEE BENEFITS	0	0	92,456,642		4.00
5.01	NONPATIENT TELEPHONES	657	149,406	648,095	1,189	5.01
5.02	DATA PROCESSING	0	0	0	0	1,158 5.02
5.03	PURCHASING RECEIVING AND STORES	0	0	0	0	0 5.03
5.04	ADMITTING	3,062	3,773	1,187,665	23	19 5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0 5.05
5.06	ADMINISTRATIVE AND GENERAL	28,847	41,223	2,208,534	73	37 5.06
7.00	OPERATION OF PLANT	359,597	76,178	59,373	53	0 7.00
8.00	LAUNDRY & LINEN SERVICE	5,988	7,715	754,960	6	4 8.00
9.00	HOUSEKEEPING	5,313	151,588	3,432,215	11	15 9.00
10.00	DIETARY	10,976	137,272	1,686,715	35	14 10.00
11.00	CAFETERIA	7,832	11,740	566,954	0	5 11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	0 13.00
16.00	MEDICAL RECORDS & LIBRARY	5,283	143,971	2,524,228	39	112 16.00
17.00	SOCIAL SERVICE	196	0	139,487	3	3 17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,004,377	0	0 21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,193,946	0	0 22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	31,188	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	179,944	446,407	19,259,638	199	135 30.00
31.00	INTENSIVE CARE UNIT	22,990	211,706	6,124,088	40	28 31.00
35.00	INTENSIVE NURSERY	960	106,401	1,559,959	13	5 35.00
41.00	SUBPROVIDER - IRF	19,721	29,596	1,824,693	37	44 41.00
43.00	NURSERY	3,169	5,539	632,266	9	4 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	42,535	746,661	4,143,207	87	40 50.00
50.01	CARDIAC SURGERY	0	52,626	2,158,729	9	8 50.01
50.02	WVSC	30,028	740,267	24,551	0	0 50.02
51.00	RECOVERY ROOM	1,432	34,818	1,769,245	19	13 51.00
51.02	O/P TREATMENT ROOM	24,921	31,990	2,766,102	24	45 51.02
52.00	DELIVERY ROOM & LABOR ROOM	8,432	98,542	1,698,942	18	10 52.00
54.00	RADIOLOGY-DIAGNOSTIC	34,660	516,831	9,538,718	76	76 54.00
55.00	RADIOLOGY-THERAPEUTIC	26,390	278,479	93,120	50	15 55.00
56.00	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	CT SCAN	2,172	10,522	901,622	8	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,593	19,404	542,189	5	4 58.00
59.00	CARDIAC CATHETERIZATION	4,337	24,239	556,208	32	4 59.00
60.00	LABORATORY	0	0	0	0	0 60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00	RESPIRATORY THERAPY	2,134	54,673	2,210,726	15	8 65.00
66.00	PHYSICAL THERAPY	11,357	29,421	1,436,274	24	27 66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,487	5,094	482,421	11	8 66.01
66.02	O/P PHYSICAL THERAPY	0	47,552	1,103,774	5	22 66.02
67.00	OCCUPATIONAL THERAPY	4,767	4,698	1,000,702	7	0 67.00
68.00	SPEECH PATHOLOGY	3,231	2,021	423,845	2	1 68.00
69.00	ELECTROCARDIOLOGY	1,305	28,732	844,437	6	13 69.00
69.01	CARDIAC REHAB	7,200	22,398	286,209	7	2 69.01
70.00	ELECTROENCEPHALOGRAPHY	1,505	19,958	1,728,399	20	4 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,712	27,273	0	17	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	9,432	25,248	2,924,047	43	16 73.00
76.00	RENAL ACUTE	1,208	0	0	5	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	0 90.00
90.05	PATIENT NUTRITION	854	958	156,776	0	2 90.05
90.07	WOUND CLINIC	4,143	14,247	357,142	12	4 90.07
91.00	EMERGENCY	24,071	147,886	3,993,276	64	185 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	910,441	4,507,053	85,979,042	1,107	932 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00	RURAL HEALTH	0	7,674	1,625,057	1	62 194.00
194.01	RENTAL PROPERTY	0	2,018	0	0	0 194.01
194.02	FAMILY PRACTICE	27,121	113,594	1,821,943	50	130 194.02
194.03	WELLNESS	0	0	211,404	0	0 194.03
194.04	PHYSICIAN PRACTICES	0	45,230	2,523,931	31	34 194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

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Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
	NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)				
	1.00	2.00				
194.06 SYCAMORE SPORTS MED	0	66	295,265	0	0	194.06
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)	22,616,143	14,539,149	17,553,701	1,525,233	8,133,881	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	24.122291	3.109556	0.189859	1,282.786375	7,024.076857	203.00
204.00 Cost to be allocated (per wkst. B, Part II)			0	480,434		204.00
205.00 Unit cost multiplier (wkst. B, Part II)			0.000000	404.065601	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

worksheet B-1

Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES (REQUISITIO)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
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	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES	5,268,284					5.03
5.04	ADMITTING	2,980	987,269,818				5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	987,269,818			5.05
5.06	ADMINISTRATIVE AND GENERAL	246	0	0	-21,883,133	309,743,837	5.06
7.00	OPERATION OF PLANT	66	0	0	0	16,225,625	7.00
8.00	LAUNDRY & LINEN SERVICE	13,048	0	0	0	585,286	8.00
9.00	HOUSEKEEPING	115,957	0	0	0	8,011,758	9.00
10.00	DIETARY	10,078	0	0	0	3,328,144	10.00
11.00	CAFETERIA	0	0	0	0	1,251,712	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	1,030,188	13.00
16.00	MEDICAL RECORDS & LIBRARY	347	0	0	0	6,413,684	16.00
17.00	SOCIAL SERVICE	150	0	0	0	210,756	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,279,356	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,080,840	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	44,526	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,298,629	72,937,389	72,937,389	0	34,516,225	30.00
31.00	INTENSIVE CARE UNIT	768,493	22,173,912	22,173,912	0	11,336,268	31.00
35.00	INTENSIVE NURSERY	69,434	8,965,376	8,965,376	0	2,661,461	35.00
41.00	SUBPROVIDER - IRF	80,411	4,977,778	4,977,778	0	3,580,256	41.00
43.00	NURSERY	32,908	3,528,483	3,528,483	0	1,122,443	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	130,597	123,043,454	123,043,454	0	23,647,480	50.00
50.01	CARDIAC SURGERY	1,054,786	9,023,417	9,023,417	0	3,250,340	50.01
50.02	WVSC	31,002	81,548,477	81,548,477	0	15,768,623	50.02
51.00	RECOVERY ROOM	173,193	5,949,632	5,949,632	0	2,866,567	51.00
51.02	O/P TREATMENT ROOM	182,247	12,112,354	12,112,354	0	5,003,662	51.02
52.00	DELIVERY ROOM & LABOR ROOM	255,346	13,371,842	13,371,842	0	3,404,519	52.00
54.00	RADIOLOGY-DIAGNOSTIC	58,114	36,925,901	36,925,901	0	13,143,870	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,499	27,619,130	27,619,130	0	6,744,319	55.00
56.00	RADIOISOTOPE	0	8,574,258	8,574,258	0	2,328,679	56.00
57.00	CT SCAN	121,883	56,963,785	56,963,785	0	3,269,091	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,251	15,746,391	15,746,391	0	2,267,203	58.00
59.00	CARDIAC CATHETERIZATION	39,526	83,399,172	83,399,172	0	19,650,237	59.00
60.00	LABORATORY	0	62,535,756	62,535,756	0	12,496,865	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,715,841	4,715,841	0	2,546,496	62.00
65.00	RESPIRATORY THERAPY	129,575	11,521,135	11,521,135	0	4,020,728	65.00
66.00	PHYSICAL THERAPY	5,426	7,495,306	7,495,306	0	2,813,955	66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	163	0	0	0	778,379	66.01
66.02	O/P PHYSICAL THERAPY	6,805	4,642,732	4,642,732	0	2,268,674	66.02
67.00	OCCUPATIONAL THERAPY	227	5,725,990	5,725,990	0	1,761,988	67.00
68.00	SPEECH PATHOLOGY	6	2,596,683	2,596,683	0	804,655	68.00
69.00	ELECTROCARDIOLOGY	21,623	13,721,931	13,721,931	0	1,820,819	69.00
69.01	CARDIAC REHAB	3,560	1,342,184	1,342,184	0	671,400	69.01
70.00	ELECTROENCEPHALOGRAPHY	2,525	2,528,936	2,528,936	0	1,729,944	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,046	7,411,916	7,411,916	0	1,723,969	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	9,988,694	9,988,694	0	8,469,166	72.00
73.00	DRUGS CHARGED TO PATIENTS	44,375	186,725,475	186,725,475	0	46,909,188	73.00
76.00	RENAL ACUTE	20,637	2,704,995	2,704,995	0	1,417,774	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
90.05	PATIENT NUTRITION	59	161,332	161,332	0	251,682	90.05
90.07	WOUND CLINIC	31,843	4,258,260	4,258,260	0	1,747,002	90.07
91.00	EMERGENCY	514,543	72,331,901	72,331,901	0	9,254,499	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,231,604	987,269,818	987,269,818	-21,883,133	296,510,301	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	RURAL HEALTH	10,623	0	0	0	3,198,231	194.00
194.01	RENTAL PROPERTY	0	0	0	0	100,286	194.01
194.02	FAMILY PRACTICE	8,603	0	0	0	4,786,913	194.02
194.03	WELLNESS	0	0	0	0	313,084	194.03
194.04	PHYSICIAN PRACTICES	17,454	0	0	0	4,454,750	194.04
194.06	SYCAMORE SPORTS MED	0	0	0	0	380,272	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

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To 08/31/2011

Worksheet B-1

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Cost Center Description	PURCHASING RECEIVING AND STORES (REQUISITIO)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	1,016,437	2,112,841	6,652,109		21,883,133	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	0.192935	0.002140	0.006738		0.070649	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	0	94,888	4,603		880,963	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.000000	0.000096	0.000005		0.002844	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (GRAND TOT SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (GRAND TOT SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)	
		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	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT	404,454					7.00
8.00	LAUNDRY & LINEN SERVICE	5,988	654,650				8.00
9.00	HOUSEKEEPING	5,560	1,626	392,906			9.00
10.00	DIETARY	10,597	0	10,597	226,530		10.00
11.00	CAFETERIA	6,913	0	6,913	0	12,265	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	0	13.00
16.00	MEDICAL RECORDS & LIBRARY	7,918	0	7,918	0	627	16.00
17.00	SOCIAL SERVICE	196	0	196	0	21	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	134,118	238,019	134,118	171,422	3,711	30.00
31.00	INTENSIVE CARE UNIT	19,453	41,442	19,453	26,144	1,001	31.00
35.00	INTENSIVE NURSERY	960	6,506	960	0	215	35.00
41.00	SUBPROVIDER - IRF	16,326	19,092	16,326	15,579	333	41.00
43.00	NURSERY	3,169	7,740	3,169	0	104	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	36,163	69,198	36,163	0	791	50.00
50.01	CARDIAC SURGERY	438	48	438	0	138	50.01
50.02	WVSC	0	0	0	0	7	50.02
51.00	RECOVERY ROOM	3,021	36,283	3,021	0	287	51.00
51.02	O/P TREATMENT ROOM	5,727	41,494	5,727	12,928	514	51.02
52.00	DELIVERY ROOM & LABOR ROOM	9,805	27,016	9,805	293	268	52.00
54.00	RADIOLOGY-DIAGNOSTIC	33,163	21,360	33,163	0	692	54.00
55.00	RADIOLOGY-THERAPEUTIC	24,046	14,372	24,046	0	10	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	1,790	0	1,790	0	122	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	11,916	0	0	72	58.00
59.00	CARDIAC CATHETERIZATION	6,497	8,309	6,497	164	44	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	1,839	68	1,839	0	362	65.00
66.00	PHYSICAL THERAPY	7,649	2,927	7,649	0	156	66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,205	0	1,205	0	43	66.01
66.02	O/P PHYSICAL THERAPY	0	7,522	0	0	169	66.02
67.00	OCCUPATIONAL THERAPY	5,090	0	5,090	0	142	67.00
68.00	SPEECH PATHOLOGY	3,308	0	3,308	0	55	68.00
69.00	ELECTROCARDIOLOGY	1,305	3,374	1,305	0	142	69.00
69.01	CARDIAC REHAB	14,400	301	14,400	0	50	69.01
70.00	ELECTROENCEPHALOGRAPHY	1,505	1,676	1,505	0	81	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,212	0	5,212	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,034	0	5,034	0	441	73.00
76.00	RENAL ACUTE	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
90.05	PATIENT NUTRITION	894	0	894	0	30	90.05
90.07	WOUND CLINIC	3,228	3,781	3,228	0	61	90.07
91.00	EMERGENCY	20,780	87,192	20,780	0	770	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	403,297	651,262	391,749	226,530	11,459	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,157	0	1,157	0	0	190.00
194.00	RURAL HEALTH	0	673	0	0	0	194.00
194.01	RENTAL PROPERTY	0	0	0	0	0	194.01
194.02	FAMILY PRACTICE	0	1,354	0	0	592	194.02
194.03	WELLNESS	0	0	0	0	0	194.03
194.04	PHYSICIAN PRACTICES	0	1,361	0	0	155	194.04
194.06	SYCAMORE SPORTS MED	0	0	0	0	59	194.06
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

worksheet B-1

Date/Time Prepared:
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Cost Center Description	OPERATION OF PLANT (GRAND TOT SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (GRAND TOT SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)	
	7.00	8.00	9.00	10.00	11.00	
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	17,371,949	883,830	8,818,787	4,256,282	1,792,230	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	42.951606	1.350080	22.445030	18.789043	146.125561	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	9,026,155	306,234	754,589	997,141	396,546	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	22.316889	0.467783	1.920533	4.401806	32.331512	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
2/29/2012 2:14 pm

Cost Center Description	INTERNS & RESIDENTS					
	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY (USER REVENUE)	SOCIAL SERVICE (# REFERRALS)	SERVICES-SALARY & FRINGES (INTERNS)	SERVICES-OTHER PRGM COSTS (INTERNS)	
	(TIME SPENT)					
	13.00	16.00	17.00	21.00	22.00	
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 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	9,772					13.00
16.00 MEDICAL RECORDS & LIBRARY	0	799,057,259				16.00
17.00 SOCIAL SERVICE	0	0	2,627			17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	999		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	999	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,711	72,937,389	1,305	470	470	30.00
31.00 INTENSIVE CARE UNIT	1,001	22,173,912	260	18	18	31.00
35.00 INTENSIVE NURSERY	215	8,965,376	247	25	25	35.00
41.00 SUBPROVIDER - IRF	333	4,977,778	0	0	0	41.00
43.00 NURSERY	104	3,528,483	139	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	779	131,224,161	0	20	20	50.00
50.01 CARDIAC SURGERY	138	9,697,134	0	0	0	50.01
50.02 WVSC	7	82,682,747	0	0	0	50.02
51.00 RECOVERY ROOM	287	5,949,632	20	0	0	51.00
51.02 O/P TREATMENT ROOM	514	10,178,592	260	0	0	51.02
52.00 DELIVERY ROOM & LABOR ROOM	268	13,371,842	6	93	93	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	36,497,634	0	15	15	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	27,619,130	29	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	56,963,785	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	15,746,391	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	44	83,399,172	3	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	362	11,521,135	0	0	0	65.00
66.00 PHYSICAL THERAPY	229	7,495,306	0	0	0	66.00
66.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	72	0	0	0	0	66.01
66.02 O/P PHYSICAL THERAPY	169	4,642,732	1	1	1	66.02
67.00 OCCUPATIONAL THERAPY	156	5,725,990	0	0	0	67.00
68.00 SPEECH PATHOLOGY	58	2,596,683	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	13,721,931	0	0	0	69.00
69.01 CARDIAC REHAB	50	1,342,184	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	2,528,936	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	385	80,650,022	0	0	0	73.00
76.00 RENAL ACUTE	0	2,704,995	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.05 PATIENT NUTRITION	0	161,332	0	0	0	90.05
90.07 WOUND CLINIC	61	4,258,260	1	2	2	90.07
91.00 EMERGENCY	770	72,331,901	355	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,713	795,594,565	2,626	644	644	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 RURAL HEALTH	0	0	0	10	10	194.00
194.01 RENTAL PROPERTY	0	0	0	0	0	194.01
194.02 FAMILY PRACTICE	0	3,462,694	0	345	345	194.02
194.03 WELLNESS	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION (TIME SPENT)	MEDICAL RECORDS & LIBRARY (USER REVENUE)	SOCIAL SERVICE (# REFERRALS)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (INTERNS)	SERVICES-OTHER PRGM COSTS (INTERNS)	
				13.00	16.00	
194.04 PHYSICIAN PRACTICES	0	0	1	0	0	194.04
194.06 SYCAMORE SPORTS MED	59	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	1,102,970	7,476,236	241,533	1,369,741	2,227,849	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	112.870446	0.009356	91.942520	1,371.112112	2,230.079079	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	2,930	839,817	11,968	3,638	5,918	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.299836	0.001051	4.555767	3.641642	5.923924	205.00

Cost Center Description		PARAMED ED PRGM (PARAMED RADIOLOGY)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	NONPATIENT TELEPHONES		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING RECEIVING AND STORES		5.03
5.04	ADMITTING		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	ADMINISTRATIVE AND GENERAL		5.06
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	0	30.00
31.00	INTENSIVE CARE UNIT	0	31.00
35.00	INTENSIVE NURSERY	0	35.00
41.00	SUBPROVIDER - IRF	0	41.00
43.00	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	50.00
50.01	CARDIAC SURGERY	0	50.01
50.02	WVSC	0	50.02
51.00	RECOVERY ROOM	0	51.00
51.02	O/P TREATMENT ROOM	0	51.02
52.00	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	100	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	RADIOISOTOPE	0	56.00
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
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	RESPIRATORY THERAPY	0	65.00
66.00	PHYSICAL THERAPY	0	66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	O/P PHYSICAL THERAPY	0	66.02
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	0	69.00
69.01	CARDIAC REHAB	0	69.01
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	0	73.00
76.00	RENAL ACUTE	0	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0	90.00
90.05	PATIENT NUTRITION	0	90.05
90.07	WOUND CLINIC	0	90.07
91.00	EMERGENCY	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	RURAL HEALTH	0	194.00
194.01	RENTAL PROPERTY	0	194.01
194.02	FAMILY PRACTICE	0	194.02
194.03	WELLNESS	0	194.03
194.04	PHYSICIAN PRACTICES	0	194.04
194.06	SYCAMORE SPORTS MED	0	194.06
200.00	Cross Foot Adjustments		200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

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Date/Time Prepared:
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Cost Center Description	PARAMED ED PRGM (PARAMED RADIOLOGY) 23.00		
201.00 Negative Cost Centers			201.00
202.00 Cost to be allocated (per wkst. B, Part I)	47,672		202.00
203.00 Unit cost multiplier (wkst. B, Part I)	476.720000		203.00
204.00 Cost to be allocated (per wkst. B, Part II)	127		204.00
205.00 Unit cost multiplier (wkst. B, Part II)	1.270000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet C
Part I
Date/Time Prepared:
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		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE			
				Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		51,031,347		30,096	51,061,443	30.00
31.00	INTENSIVE CARE UNIT		14,447,115		0	14,447,115	31.00
35.00	INTENSIVE NURSERY		3,083,330		0	3,083,330	35.00
41.00	SUBPROVIDER - IRF		5,352,173		17,481	5,369,654	41.00
43.00	NURSERY		1,492,162		0	1,492,162	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		29,208,015		12,450	29,220,465	50.00
50.01	CARDIAC SURGERY		3,635,149		0	3,635,149	50.01
50.02	WVSC		17,658,053		0	17,658,053	50.02
51.00	RECOVERY ROOM		3,447,471		0	3,447,471	51.00
51.02	O/P TREATMENT ROOM		6,282,878		0	6,282,878	51.02
52.00	DELIVERY ROOM & LABOR ROOM		4,523,308		0	4,523,308	52.00
54.00	RADIOLOGY-DIAGNOSTIC		16,760,321		46,891	16,807,212	54.00
55.00	RADIOLOGY-THERAPEUTIC		9,075,260		0	9,075,260	55.00
56.00	RADIOISOTOPE		2,493,198		0	2,493,198	56.00
57.00	CT SCAN		4,167,889		0	4,167,889	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		2,601,311		0	2,601,311	58.00
59.00	CARDIAC CATHETERIZATION		22,269,643		0	22,269,643	59.00
60.00	LABORATORY		13,379,756		163,462	13,543,218	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		2,726,403		0	2,726,403	62.00
65.00	RESPIRATORY THERAPY	0	4,626,692		3,008	4,629,700	65.00
66.00	PHYSICAL THERAPY	0	3,635,698		0	3,635,698	66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	926,584		0	926,584	66.01
66.02	O/P PHYSICAL THERAPY	0	2,526,408		0	2,526,408	66.02
67.00	OCCUPATIONAL THERAPY	0	2,311,270		0	2,311,270	67.00
68.00	SPEECH PATHOLOGY	0	1,116,713		0	1,116,713	68.00
69.00	ELECTROCARDIOLOGY		2,188,488		0	2,188,488	69.00
69.01	CARDIAC REHAB		1,686,458		0	1,686,458	69.01
70.00	ELECTROENCEPHALOGRAPHY		1,988,345		0	1,988,345	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,186,613		0	2,186,613	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		9,067,504		0	9,067,504	72.00
73.00	DRUGS CHARGED TO PATIENTS		51,414,978		0	51,414,978	73.00
76.00	RENAL ACUTE		1,543,246		0	1,543,246	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC		0		0	0	90.00
90.05	PATIENT NUTRITION		333,821		550	334,371	90.05
90.07	WOUND CLINIC		2,142,363		0	2,142,363	90.07
91.00	EMERGENCY		12,293,782		0	12,293,782	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		3,411,036			3,411,036	92.00
200.00	Subtotal (see instructions)	0	317,034,781		273,938	317,308,719	200.00
201.00	Less Observation Beds		3,411,036			3,411,036	201.00
202.00	Total (see instructions)	0	313,623,745		273,938	313,897,683	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet C
Part I
Date/Time Prepared:
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		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
9.00	10.00						
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	72,937,389		72,937,389			30.00
31.00	INTENSIVE CARE UNIT	22,173,912		22,173,912			31.00
35.00	INTENSIVE NURSERY	8,965,376		8,965,376			35.00
41.00	SUBPROVIDER - IRF	4,977,778		4,977,778			41.00
43.00	NURSERY	3,528,483		3,528,483			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	78,875,272	44,074,282	122,949,554	0.237561	0.000000	50.00
50.01	CARDIAC SURGERY	8,937,248	85,657	9,022,905	0.402880	0.000000	50.01
50.02	WVSC	0	81,548,467	81,548,467	0.216534	0.000000	50.02
51.00	RECOVERY ROOM	3,560,940	2,388,692	5,949,632	0.579443	0.000000	51.00
51.02	O/P TREATMENT ROOM	1,627,576	10,484,778	12,112,354	0.518717	0.000000	51.02
52.00	DELIVERY ROOM & LABOR ROOM	9,701,551	3,670,291	13,371,842	0.338271	0.000000	52.00
54.00	RADIOLOGY-DIAGNOSTIC	9,836,758	27,089,143	36,925,901	0.453891	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,586,768	26,032,362	27,619,130	0.328586	0.000000	55.00
56.00	RADIOISOTOPE	1,072,230	7,502,028	8,574,258	0.290777	0.000000	56.00
57.00	CT SCAN	23,272,926	33,690,859	56,963,785	0.073167	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,881,756	10,864,635	15,746,391	0.165200	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	30,243,940	49,364,120	79,608,060	0.279741	0.000000	59.00
60.00	LABORATORY	38,622,609	23,913,147	62,535,756	0.213954	0.000000	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,961,552	754,289	4,715,841	0.578137	0.000000	62.00
65.00	RESPIRATORY THERAPY	10,977,961	543,174	11,521,135	0.401583	0.000000	65.00
66.00	PHYSICAL THERAPY	4,652,768	2,842,538	7,495,306	0.485063	0.000000	66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	131,485	786,137	917,622	1.009767	0.000000	66.01
66.02	O/P PHYSICAL THERAPY	1,788	4,640,944	4,642,732	0.544164	0.000000	66.02
67.00	OCCUPATIONAL THERAPY	4,151,852	1,574,138	5,725,990	0.403645	0.000000	67.00
68.00	SPEECH PATHOLOGY	1,344,132	1,252,551	2,596,683	0.430054	0.000000	68.00
69.00	ELECTROCARDIOLOGY	8,883,713	4,838,218	13,721,931	0.159488	0.000000	69.00
69.01	CARDIAC REHAB	74,471	1,267,713	1,342,184	1.256503	0.000000	69.01
70.00	ELECTROENCEPHALOGRAPHY	468,374	2,060,562	2,528,936	0.786238	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,454,945	956,971	7,411,916	0.295013	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	9,312,788	4,568,927	13,881,715	0.653198	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	87,515,277	99,210,198	186,725,475	0.275351	0.000000	73.00
76.00	RENAL ACUTE	2,698,511	6,484	2,704,995	0.570517	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00
90.05	PATIENT NUTRITION	0	161,332	161,332	2.069156	0.000000	90.05
90.07	WOUND CLINIC	0	4,258,260	4,258,260	0.503108	0.000000	90.07
91.00	EMERGENCY	22,585,927	49,738,486	72,324,413	0.169981	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
200.00	Subtotal (see instructions)	488,018,056	500,169,383	988,187,439			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	488,018,056	500,169,383	988,187,439			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part I
Date/Time Prepared:
2/29/2012 2:14 pm

Cost Center Description	Title XVIII			Hospital	PPS		
	Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,257,770	0	10,257,770	64,803	158.29	30.00
31.00	INTENSIVE CARE UNIT	1,938,222		1,938,222	9,337	207.59	31.00
35.00	INTENSIVE NURSERY	416,234		416,234	3,208	129.75	35.00
41.00	SUBPROVIDER - IRF	1,084,786	0	1,084,786	5,564	194.97	41.00
43.00	NURSERY	192,530		192,530	2,727	70.60	43.00
200.00	Total (lines 30-199)	13,889,542		13,889,542	85,639		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150023	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part I Date/Time Prepared: 2/29/2012 2:14 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	33,658	5,327,725	30.00
31.00 INTENSIVE CARE UNIT	5,796	1,203,192	31.00
35.00 INTENSIVE NURSERY	0	0	35.00
41.00 SUBPROVIDER - IRF	4,207	820,239	41.00
43.00 NURSERY	0	0	43.00
200.00 Total (lines 30-199)	43,661	7,351,156	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part II
Date/Time Prepared:
2/29/2012 2:14 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	5,326,036	122,949,554	0.043319	42,048,338	1,821,492	50.00
50.01 CARDIAC SURGERY	255,474	9,022,905	0.028314	6,818,797	193,067	50.01
50.02 WVSC	3,579,805	81,548,467	0.043898	0	0	50.02
51.00 RECOVERY ROOM	267,198	5,949,632	0.044910	1,957,462	87,910	51.00
51.02 O/P TREATMENT ROOM	970,989	12,112,354	0.080165	884,157	70,878	51.02
52.00 DELIVERY ROOM & LABOR ROOM	842,436	13,371,842	0.063001	43,943	2,768	52.00
54.00 RADIOLOGY-DIAGNOSTIC	4,608,115	36,925,901	0.124794	5,786,981	722,181	54.00
55.00 RADIOLOGY-THERAPEUTIC	3,276,682	27,619,130	0.118638	747,071	88,631	55.00
56.00 RADIOISOTOPE	256,174	8,574,258	0.029877	519,781	15,529	56.00
57.00 CT SCAN	731,967	56,963,785	0.012850	11,330,580	145,598	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	991,644	15,746,391	0.062976	2,290,295	144,234	58.00
59.00 CARDIAC CATHETERIZATION	3,337,227	79,608,060	0.041921	19,183,959	804,211	59.00
60.00 LABORATORY	422,281	62,535,756	0.006753	22,250,156	150,255	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	7,719	4,715,841	0.001637	2,448,434	4,008	62.00
65.00 RESPIRATORY THERAPY	580,415	11,521,135	0.050378	6,035,058	304,034	65.00
66.00 PHYSICAL THERAPY	685,376	7,495,306	0.091441	1,763,548	161,261	66.00
66.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	102,247	917,622	0.111426	0	0	66.01
66.02 O/P PHYSICAL THERAPY	401,391	4,642,732	0.086456	0	0	66.02
67.00 OCCUPATIONAL THERAPY	392,008	5,725,990	0.068461	1,365,661	93,495	67.00
68.00 SPEECH PATHOLOGY	231,546	2,596,683	0.089170	561,950	50,109	68.00
69.00 ELECTROCARDIOLOGY	335,265	13,721,931	0.024433	5,299,498	129,483	69.00
69.01 CARDIAC REHAB	602,513	1,342,184	0.448905	42,693	19,165	69.01
70.00 ELECTROENCEPHALOGRAPHY	164,417	2,528,936	0.065014	230,725	15,000	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	741,003	7,411,916	0.099975	1,473,089	147,272	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	25,095	13,881,715	0.001808	1,747,563	3,160	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,506,137	186,725,475	0.008066	47,414,190	382,443	73.00
76.00 RENAL ACUTE	38,309	2,704,995	0.014162	1,904,115	26,966	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0.000000	0	0	90.00
90.05 PATIENT NUTRITION	49,221	161,332	0.305091	0	0	90.05
90.07 WOUND CLINIC	242,701	4,258,260	0.056995	0	0	90.07
91.00 EMERGENCY	1,774,732	72,324,413	0.024538	12,163,402	298,466	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	685,246	0	0.000000	0	0	92.00
200.00 Total (lines 50-199)	33,431,369	875,604,501		196,311,446	5,881,616	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part III
Date/Time Prepared:
2/29/2012 2:14 pm

Cost Center Description	Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)		
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	0	0	0 30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	0 31.00
35.00 INTENSIVE NURSERY	0	0	0	0	0	0 35.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	0 41.00
43.00 NURSERY	0	0	0	0	0	0 43.00
200.00 Total (lines 30-199)	0	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS Provider CCN: 150023 Period: From 09/01/2010 To 08/31/2011 Worksheet D Part III Date/Time Prepared: 2/29/2012 2:14 pm

Cost Center Description	Title XVIII			Hospital		PPS
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	64,803	0.00	33,658	0	0	30.00
31.00 INTENSIVE CARE UNIT	9,337	0.00	5,796	0	0	31.00
35.00 INTENSIVE NURSERY	3,208	0.00	0	0	0	35.00
41.00 SUBPROVIDER - IRF	5,564	0.00	4,207	0	0	41.00
43.00 NURSERY	2,727	0.00	0	0	0	43.00
200.00 Total (lines 30-199)	85,639		43,661	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part IV
Date/Time Prepared:
2/29/2012 2:14 pm

Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00	
50.01 CARDIAC SURGERY	0	0	0	0	0	0	50.01	
50.02 WVSC	0	0	0	0	0	0	50.02	
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00	
51.02 O/P TREATMENT ROOM	0	0	0	0	0	0	51.02	
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
54.00 RADIOLOGY-DIAGNOSTIC	0	0	47,672	0	0	47,672	54.00	
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00	
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00	
57.00 CT SCAN	0	0	0	0	0	0	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 LABORATORY	0	0	0	0	0	0	60.00	
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00	
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
66.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	66.01	
66.02 O/P PHYSICAL THERAPY	0	0	0	0	0	0	66.02	
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
69.01 CARDIAC REHAB	0	0	0	0	0	0	69.01	
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
76.00 RENAL ACUTE	0	0	0	0	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00 CLINIC	0	0	0	0	0	0	90.00	
90.05 PATIENT NUTRITION	0	0	0	0	0	0	90.05	
90.07 WOUND CLINIC	0	0	0	0	0	0	90.07	
91.00 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
200.00 Total (lines 50-199)	0	0	47,672	0	0	47,672	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part IV
Date/Time Prepared:
2/29/2012 2:14 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	122,949,554	0.000000	0.000000	42,048,338	50.00
50.01	CARDIAC SURGERY	0	9,022,905	0.000000	0.000000	6,818,797	50.01
50.02	WVSC	0	81,548,467	0.000000	0.000000	0	50.02
51.00	RECOVERY ROOM	0	5,949,632	0.000000	0.000000	1,957,462	51.00
51.02	O/P TREATMENT ROOM	0	12,112,354	0.000000	0.000000	884,157	51.02
52.00	DELIVERY ROOM & LABOR ROOM	0	13,371,842	0.000000	0.000000	43,943	52.00
54.00	RADIOLOGY-DIAGNOSTIC	47,672	36,925,901	0.001291	0.001291	5,786,981	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	27,619,130	0.000000	0.000000	747,071	55.00
56.00	RADIOISOTOPE	0	8,574,258	0.000000	0.000000	519,781	56.00
57.00	CT SCAN	0	56,963,785	0.000000	0.000000	11,330,580	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	15,746,391	0.000000	0.000000	2,290,295	58.00
59.00	CARDIAC CATHETERIZATION	0	79,608,060	0.000000	0.000000	19,183,959	59.00
60.00	LABORATORY	0	62,535,756	0.000000	0.000000	22,250,156	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,715,841	0.000000	0.000000	2,448,434	62.00
65.00	RESPIRATORY THERAPY	0	11,521,135	0.000000	0.000000	6,035,058	65.00
66.00	PHYSICAL THERAPY	0	7,495,306	0.000000	0.000000	1,763,548	66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	917,622	0.000000	0.000000	0	66.01
66.02	O/P PHYSICAL THERAPY	0	4,642,732	0.000000	0.000000	0	66.02
67.00	OCCUPATIONAL THERAPY	0	5,725,990	0.000000	0.000000	1,365,661	67.00
68.00	SPEECH PATHOLOGY	0	2,596,683	0.000000	0.000000	561,950	68.00
69.00	ELECTROCARDIOLOGY	0	13,721,931	0.000000	0.000000	5,299,498	69.00
69.01	CARDIAC REHAB	0	1,342,184	0.000000	0.000000	42,693	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	2,528,936	0.000000	0.000000	230,725	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,411,916	0.000000	0.000000	1,473,089	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	13,881,715	0.000000	0.000000	1,747,563	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	186,725,475	0.000000	0.000000	47,414,190	73.00
76.00	RENAL ACUTE	0	2,704,995	0.000000	0.000000	1,904,115	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
90.05	PATIENT NUTRITION	0	161,332	0.000000	0.000000	0	90.05
90.07	WOUND CLINIC	0	4,258,260	0.000000	0.000000	0	90.07
91.00	EMERGENCY	0	72,324,413	0.000000	0.000000	12,163,402	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	47,672	875,604,501			196,311,446	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part IV
Date/Time Prepared:
2/29/2012 2:14 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	10,182,744	0	0	0	50.00
50.01 CARDIAC SURGERY	0	30,597	0	0	0	50.01
50.02 WVSC	0	23,779,076	0	0	0	50.02
51.00 RECOVERY ROOM	0	581,283	0	0	0	51.00
51.02 O/P TREATMENT ROOM	0	758,500	0	0	0	51.02
52.00 DELIVERY ROOM & LABOR ROOM	0	147,270	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	7,471	6,002,656	7,749	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	13,239,375	0	0	0	55.00
56.00 RADIOISOTOPE	0	2,282,633	0	0	0	56.00
57.00 CT SCAN	0	9,142,960	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	2,528,524	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	22,953,977	0	0	0	59.00
60.00 LABORATORY	0	1,735,858	0	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	676,647	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	138,704	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	5,275	0	0	0	66.00
66.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02 O/P PHYSICAL THERAPY	0	13,064	0	0	0	66.02
67.00 OCCUPATIONAL THERAPY	0	8,441	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	667	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	2,322,680	0	0	0	69.00
69.01 CARDIAC REHAB	0	527,825	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	398,885	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,652	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	2,815,540	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	53,952,786	0	0	0	73.00
76.00 RENAL ACUTE	0	6,096	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.05 PATIENT NUTRITION	0	806	0	0	0	90.05
90.07 WOUND CLINIC	0	2,103,618	0	0	0	90.07
91.00 EMERGENCY	0	9,623,386	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,477,342	0	0	0	92.00
200.00 Total (lines 50-199)	7,471	167,468,867	7,749	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part V
Date/Time Prepared:
2/29/2012 2:14 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges			
			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	0.237561	10,182,744	1,400	0	50.00
50.01	CARDIAC SURGERY	0.402880	30,597	46	0	50.01
50.02	WVSC	0.216534	23,779,076	1,969	0	50.02
51.00	RECOVERY ROOM	0.579443	581,283	0	0	51.00
51.02	O/P TREATMENT ROOM	0.518717	758,500	0	0	51.02
52.00	DELIVERY ROOM & LABOR ROOM	0.338271	147,270	-354	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.453891	6,002,656	-1,021	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.328586	13,239,375	-166	0	55.00
56.00	RADIOISOTOPE	0.290777	2,282,633	0	0	56.00
57.00	CT SCAN	0.073167	9,142,960	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.165200	2,528,524	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.279741	22,953,977	11,855	0	59.00
60.00	LABORATORY	0.213954	1,735,858	-1,329	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.578137	676,647	0	0	62.00
65.00	RESPIRATORY THERAPY	0.401583	138,704	43	0	65.00
66.00	PHYSICAL THERAPY	0.485063	5,275	8	0	66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.009767	0	0	0	66.01
66.02	O/P PHYSICAL THERAPY	0.544164	13,064	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0.403645	8,441	13	0	67.00
68.00	SPEECH PATHOLOGY	0.430054	667	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.159488	2,322,680	0	0	69.00
69.01	CARDIAC REHAB	1.256503	527,825	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.786238	398,885	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295013	31,652	48	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.653198	2,815,540	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.275351	53,952,786	0	725	73.00
76.00	RENAL ACUTE	0.570517	6,096	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.000000	0	0	0	90.00
90.05	PATIENT NUTRITION	2.069156	806	0	0	90.05
90.07	WOUND CLINIC	0.503108	2,103,618	-685	0	90.07
91.00	EMERGENCY	0.169981	9,623,386	154	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,477,342	-644	0	92.00
200.00	Subtotal (see instructions)		167,468,867	11,337	725	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		167,468,867	11,337	725	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part V
Date/Time Prepared:
2/29/2012 2:14 pm

		Title XVIII			Hospital	PPS
Cost Center Description	Costs					
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)			
	5.00	6.00	7.00			
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,419,023	333	0		50.00
50.01	CARDIAC SURGERY	12,327	19	0		50.01
50.02	WVSC	5,148,978	426	0		50.02
51.00	RECOVERY ROOM	336,820	0	0		51.00
51.02	O/P TREATMENT ROOM	393,447	0	0		51.02
52.00	DELIVERY ROOM & LABOR ROOM	49,817	-120	0		52.00
54.00	RADIOLOGY-DIAGNOSTIC	2,724,552	-463	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	4,350,273	-55	0		55.00
56.00	RADIOISOTOPE	663,737	0	0		56.00
57.00	CT SCAN	668,963	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	417,712	0	0		58.00
59.00	CARDIAC CATHETERIZATION	6,421,168	3,316	0		59.00
60.00	LABORATORY	371,394	-284	0		60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	391,195	0	0		62.00
65.00	RESPIRATORY THERAPY	55,701	17	0		65.00
66.00	PHYSICAL THERAPY	2,559	4	0		66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		66.01
66.02	O/P PHYSICAL THERAPY	7,109	0	0		66.02
67.00	OCCUPATIONAL THERAPY	3,407	5	0		67.00
68.00	SPEECH PATHOLOGY	287	0	0		68.00
69.00	ELECTROCARDIOLOGY	370,440	0	0		69.00
69.01	CARDIAC REHAB	663,214	0	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	313,619	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,338	14	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1,839,105	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	14,855,954	0	200		73.00
76.00	RENAL ACUTE	3,478	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0		90.00
90.05	PATIENT NUTRITION	1,668	0	0		90.05
90.07	WOUND CLINIC	1,058,347	-345	0		90.07
91.00	EMERGENCY	1,635,793	26	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Subtotal (see instructions)	45,189,425	2,893	200		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	45,189,425	2,893	200		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150023

Period: From 09/01/2010

Worksheet D

Component CCN: 15T023

To 08/31/2011

Part II

Date/Time Prepared: 2/29/2012 2:14 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)	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	5,326,036	122,949,554	0.043319	120,198	5,207	50.00
50.01	CARDIAC SURGERY	255,474	9,022,905	0.028314	18,090	512	50.01
50.02	WVSC	3,579,805	81,548,467	0.043898	0	0	50.02
51.00	RECOVERY ROOM	267,198	5,949,632	0.044910	5,075	228	51.00
51.02	O/P TREATMENT ROOM	970,989	12,112,354	0.080165	13,702	1,098	51.02
52.00	DELIVERY ROOM & LABOR ROOM	842,436	13,371,842	0.063001	25	2	52.00
54.00	RADIOLOGY-DIAGNOSTIC	4,608,115	36,925,901	0.124794	89,867	11,215	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,276,682	27,619,130	0.118638	47,294	5,611	55.00
56.00	RADIOISOTOPE	256,174	8,574,258	0.029877	8,113	242	56.00
57.00	CT SCAN	731,967	56,963,785	0.012850	139,569	1,793	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	991,644	15,746,391	0.062976	26,108	1,644	58.00
59.00	CARDIAC CATHETERIZATION	3,337,227	79,608,060	0.041921	44,176	1,852	59.00
60.00	LABORATORY	422,281	62,535,756	0.006753	430,720	2,909	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,719	4,715,841	0.001637	28,508	47	62.00
65.00	RESPIRATORY THERAPY	580,415	11,521,135	0.050378	183,909	9,265	65.00
66.00	PHYSICAL THERAPY	685,376	7,495,306	0.091441	1,622,143	148,330	66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	102,247	917,622	0.111426	0	0	66.01
66.02	O/P PHYSICAL THERAPY	401,391	4,642,732	0.086456	0	0	66.02
67.00	OCCUPATIONAL THERAPY	392,008	5,725,990	0.068461	1,620,445	110,937	67.00
68.00	SPEECH PATHOLOGY	231,546	2,596,683	0.089170	428,143	38,178	68.00
69.00	ELECTROCARDIOLOGY	335,265	13,721,931	0.024433	60,944	1,489	69.00
69.01	CARDIAC REHAB	602,513	1,342,184	0.448905	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	164,417	2,528,936	0.065014	7,233	470	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	741,003	7,411,916	0.099975	5,117	512	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	25,095	13,881,715	0.001808	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,506,137	186,725,475	0.008066	1,513,054	12,204	73.00
76.00	RENAL ACUTE	38,309	2,704,995	0.014162	97,260	1,377	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.05	PATIENT NUTRITION	49,221	161,332	0.305091	0	0	90.05
90.07	WOUND CLINIC	242,701	4,258,260	0.056995	0	0	90.07
91.00	EMERGENCY	1,774,732	72,324,413	0.024538	24,445	600	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	685,246	0	0.000000	0	0	92.00
200.00	Total (lines 50-199)	33,431,369	875,604,501		6,534,138	355,722	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 2/29/2012 2:14 pm
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		Title XVIII			Subprovider - IRF	PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0
50.01	CARDIAC SURGERY	0	0	0	0	0
50.02	WVSC	0	0	0	0	0
51.00	RECOVERY ROOM	0	0	0	0	0
51.02	O/P TREATMENT ROOM	0	0	0	0	0
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
54.00	RADIOLOGY-DIAGNOSTIC	0	0	47,672	0	47,672
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	RADIOISOTOPE	0	0	0	0	0
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	0	0	0	0
66.00	PHYSICAL THERAPY	0	0	0	0	0
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	O/P PHYSICAL THERAPY	0	0	0	0	0
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	0	0	0	0
69.00	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	CARDIAC REHAB	0	0	0	0	0
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	RENAL ACUTE	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	0
90.05	PATIENT NUTRITION	0	0	0	0	0
90.07	WOUND CLINIC	0	0	0	0	0
91.00	EMERGENCY	0	0	0	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
200.00	Total (Lines 50-199)	0	0	47,672	0	47,672

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150023
Component CCN: 15T023

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part IV
Date/Time Prepared:
2/29/2012 2:14 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	122,949,554	0.000000	0.000000	120,198	50.00
50.01	CARDIAC SURGERY	0	9,022,905	0.000000	0.000000	18,090	50.01
50.02	WVSC	0	81,548,467	0.000000	0.000000	0	50.02
51.00	RECOVERY ROOM	0	5,949,632	0.000000	0.000000	5,075	51.00
51.02	O/P TREATMENT ROOM	0	12,112,354	0.000000	0.000000	13,702	51.02
52.00	DELIVERY ROOM & LABOR ROOM	0	13,371,842	0.000000	0.000000	25	52.00
54.00	RADIOLOGY-DIAGNOSTIC	47,672	36,925,901	0.001291	0.001291	89,867	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	27,619,130	0.000000	0.000000	47,294	55.00
56.00	RADIOISOTOPE	0	8,574,258	0.000000	0.000000	8,113	56.00
57.00	CT SCAN	0	56,963,785	0.000000	0.000000	139,569	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	15,746,391	0.000000	0.000000	26,108	58.00
59.00	CARDIAC CATHETERIZATION	0	79,608,060	0.000000	0.000000	44,176	59.00
60.00	LABORATORY	0	62,535,756	0.000000	0.000000	430,720	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,715,841	0.000000	0.000000	28,508	62.00
65.00	RESPIRATORY THERAPY	0	11,521,135	0.000000	0.000000	183,909	65.00
66.00	PHYSICAL THERAPY	0	7,495,306	0.000000	0.000000	1,622,143	66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	917,622	0.000000	0.000000	0	66.01
66.02	O/P PHYSICAL THERAPY	0	4,642,732	0.000000	0.000000	0	66.02
67.00	OCCUPATIONAL THERAPY	0	5,725,990	0.000000	0.000000	1,620,445	67.00
68.00	SPEECH PATHOLOGY	0	2,596,683	0.000000	0.000000	428,143	68.00
69.00	ELECTROCARDIOLOGY	0	13,721,931	0.000000	0.000000	60,944	69.00
69.01	CARDIAC REHAB	0	1,342,184	0.000000	0.000000	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	2,528,936	0.000000	0.000000	7,233	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,411,916	0.000000	0.000000	5,117	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	13,881,715	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	186,725,475	0.000000	0.000000	1,513,054	73.00
76.00	RENAL ACUTE	0	2,704,995	0.000000	0.000000	97,260	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
90.05	PATIENT NUTRITION	0	161,332	0.000000	0.000000	0	90.05
90.07	WOUND CLINIC	0	4,258,260	0.000000	0.000000	0	90.07
91.00	EMERGENCY	0	72,324,413	0.000000	0.000000	24,445	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	47,672	875,604,501			6,534,138	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150023
Component CCN:15T023

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part IV
Date/Time Prepared:
2/29/2012 2:14 pm

Cost Center Description	Title XVIII			Subprovider - IRF	PPS	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 CARDIAC SURGERY	0	0	0	0	0	50.01
50.02 WVSC	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
51.02 O/P TREATMENT ROOM	0	0	0	0	0	51.02
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	116	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02 O/P PHYSICAL THERAPY	0	0	0	0	0	66.02
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
69.01 CARDIAC REHAB	0	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 RENAL ACUTE	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.05 PATIENT NUTRITION	0	0	0	0	0	90.05
90.07 WOUND CLINIC	0	0	0	0	0	90.07
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)	116	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150023	Period: From 09/01/2010 To 08/31/2011	Worksheet D-1 Date/Time Prepared: 2/29/2012 2:14 pm
	Title XVIII	Hospital	PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	64,803	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	64,803	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	64,803	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)	33,658	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)	51,061,443	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)	51,061,443	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	51,061,443	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)	787.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	26,520,821	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)	26,520,821	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet D-1

Date/Time Prepared:
2/29/2012 2:14 pm

Cost Center Description	Title XVIII			Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00
Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0
43.00 INTENSIVE CARE UNIT	14,447,115	9,337	1,547.30	5,796	8,968,151
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 INTENSIVE NURSERY	3,083,330	3,208	961.14	0	0
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					53,126,185
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					88,615,157
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					6,530,917
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					5,889,087
52.00 Total Program excludable cost (sum of lines 50 and 51)					12,420,004
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					76,195,153
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
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
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					4,329
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					787.95
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,411,036

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

worksheet D-1

Date/Time Prepared:
2/29/2012 2:14 pm

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	10,257,770	51,061,443	0.200891	3,411,036	685,246	90.00
91.00 Nursing School cost	0	51,061,443	0.000000	3,411,036	0	91.00
92.00 Allied health cost	0	51,061,443	0.000000	3,411,036	0	92.00
93.00 All other Medical Education	0	51,061,443	0.000000	3,411,036	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023	Period: From 09/01/2010 To 08/31/2011	Worksheet D-1
		Component CCN: 15T023		Date/Time Prepared: 2/29/2012 2:14 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,564	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,564	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,564	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,207	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,369,654	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,369,654	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,369,654	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)		965.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,060,049	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,060,049	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 09/01/2010 To 08/31/2011		Worksheet D-1	
		Component CCN: 15T023				Date/Time Prepared: 2/29/2012 2:14 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	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 INTENSIVE NURSERY	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					2,433,494		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,493,543		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)					820,239		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					355,838		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,176,077		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,317,466		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge					0.00	0.00	55.00
56.00 Target amount (line 54 x line 55)					0	0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	0	57.00
58.00 Bonus payment (see instructions)					0	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	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	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	0	61.00
62.00 Relief payment (see instructions)					0	0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	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: 150023

Period:

worksheet D-1

Component CCN: 150023

From 09/01/2010

To 08/31/2011

Date/Time Prepared:

2/29/2012 2:14 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,084,786	5,369,654	0.202022	0	0	90.00
91.00 Nursing School cost	0	5,369,654	0.000000	0	0	91.00
92.00 Allied health cost	0	5,369,654	0.000000	0	0	92.00
93.00 All other Medical Education	0	5,369,654	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet D-3

Date/Time Prepared:
2/29/2012 2:14 pm

Cost Center Description	Title XVIII	Hospital	PPS	
	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS		40,583,069		30.00
31.00 INTENSIVE CARE UNIT		13,579,730		31.00
35.00 INTENSIVE NURSERY		0		35.00
41.00 SUBPROVIDER - IRF		0		41.00
43.00 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0.237662	42,048,338	9,993,292	50.00
50.01 CARDIAC SURGERY	0.402880	6,818,797	2,747,157	50.01
50.02 WVSC	0.216534	0	0	50.02
51.00 RECOVERY ROOM	0.579443	1,957,462	1,134,238	51.00
51.02 O/P TREATMENT ROOM	0.518717	884,157	458,627	51.02
52.00 DELIVERY ROOM & LABOR ROOM	0.338271	43,943	14,865	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0.455161	5,786,981	2,634,008	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.328586	747,071	245,477	55.00
56.00 RADIOISOTOPE	0.290777	519,781	151,140	56.00
57.00 CT SCAN	0.073167	11,330,580	829,025	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.165200	2,290,295	378,357	58.00
59.00 CARDIAC CATHETERIZATION	0.279741	19,183,959	5,366,540	59.00
60.00 LABORATORY	0.216568	22,250,156	4,818,672	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.578137	2,448,434	1,415,530	62.00
65.00 RESPIRATORY THERAPY	0.401844	6,035,058	2,425,152	65.00
66.00 PHYSICAL THERAPY	0.485063	1,763,548	855,432	66.00
66.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.009767	0	0	66.01
66.02 O/P PHYSICAL THERAPY	0.544164	0	0	66.02
67.00 OCCUPATIONAL THERAPY	0.403645	1,365,661	551,242	67.00
68.00 SPEECH PATHOLOGY	0.430054	561,950	241,669	68.00
69.00 ELECTROCARDIOLOGY	0.159488	5,299,498	845,206	69.00
69.01 CARDIAC REHAB	1.256503	42,693	53,644	69.01
70.00 ELECTROENCEPHALOGRAPHY	0.786238	230,725	181,405	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295013	1,473,089	434,580	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.653198	1,747,563	1,141,505	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.275351	47,414,190	13,055,545	73.00
76.00 RENAL ACUTE	0.570517	1,904,115	1,086,330	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0.000000	0	0	90.00
90.05 PATIENT NUTRITION	2.072565	0	0	90.05
90.07 WOUND CLINIC	0.503108	0	0	90.07
91.00 EMERGENCY	0.169981	12,163,402	2,067,547	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
200.00 Total (sum of lines 50-94 and 96-98)		196,311,446	53,126,185	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)		196,311,446		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150023	Period: From 09/01/2010 To 08/31/2011	Worksheet D-3
		Component CCN: 15T023	Date/Time Prepared: 2/29/2012 2:14 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
35.00	INTENSIVE NURSERY		0	35.00
41.00	SUBPROVIDER - IRF		3,722,395	41.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.237662	120,198	28,566 50.00
50.01	CARDIAC SURGERY	0.402880	18,090	7,288 50.01
50.02	WVSC	0.216534	0	0 50.02
51.00	RECOVERY ROOM	0.579443	5,075	2,941 51.00
51.02	O/P TREATMENT ROOM	0.518717	13,702	7,107 51.02
52.00	DELIVERY ROOM & LABOR ROOM	0.338271	25	8 52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.455161	89,867	40,904 54.00
55.00	RADIOLOGY-THERAPEUTIC	0.328586	47,294	15,540 55.00
56.00	RADIOISOTOPE	0.290777	8,113	2,359 56.00
57.00	CT SCAN	0.073167	139,569	10,212 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.165200	26,108	4,313 58.00
59.00	CARDIAC CATHETERIZATION	0.279741	44,176	12,358 59.00
60.00	LABORATORY	0.216568	430,720	93,280 60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.578137	28,508	16,482 62.00
65.00	RESPIRATORY THERAPY	0.401844	183,909	73,903 65.00
66.00	PHYSICAL THERAPY	0.485063	1,622,143	786,842 66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.009767	0	0 66.01
66.02	O/P PHYSICAL THERAPY	0.544164	0	0 66.02
67.00	OCCUPATIONAL THERAPY	0.403645	1,620,445	654,085 67.00
68.00	SPEECH PATHOLOGY	0.430054	428,143	184,125 68.00
69.00	ELECTROCARDIOLOGY	0.159488	60,944	9,720 69.00
69.01	CARDIAC REHAB	1.256503	0	0 69.01
70.00	ELECTROENCEPHALOGRAPHY	0.786238	7,233	5,687 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295013	5,117	1,510 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.653198	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.275351	1,513,054	416,621 73.00
76.00	RENAL ACUTE	0.570517	97,260	55,488 76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.000000	0	0 90.00
90.05	PATIENT NUTRITION	2.072565	0	0 90.05
90.07	WOUND CLINIC	0.503108	0	0 90.07
91.00	EMERGENCY	0.169981	24,445	4,155 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		6,534,138	2,433,494 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		6,534,138	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 150023	Period: From 09/01/2010 To 08/31/2011	Worksheet D-3 Date/Time Prepared: 2/29/2012 2:14 pm
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Cost Center Description	Title XIX		Hospital		Cost
	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
			1.00	2.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		6,060,440		30.00
31.00	INTENSIVE CARE UNIT		2,660,005		31.00
35.00	INTENSIVE NURSERY		662,860		35.00
41.00	SUBPROVIDER - IRF		267,070		41.00
43.00	NURSERY		173,160		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000	6,262,548	0	50.00
50.01	CARDIAC SURGERY	0.000000	928,680	0	50.01
50.02	WVSC	0.000000	0	0	50.02
51.00	RECOVERY ROOM	0.000000	255,332	0	51.00
51.02	O/P TREATMENT ROOM	0.000000	137,485	0	51.02
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	321,705	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	1,395,782	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	207,419	0	55.00
56.00	RADIOISOTOPE	0.000000	79,445	0	56.00
57.00	CT SCAN	0.000000	1,848,544	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	506,721	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	1,316,953	0	59.00
60.00	LABORATORY	0.000000	3,928,146	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	514,146	0	62.00
65.00	RESPIRATORY THERAPY	0.000000	817,744	0	65.00
66.00	PHYSICAL THERAPY	0.000000	273,977	0	66.00
66.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	66.01
66.02	O/P PHYSICAL THERAPY	0.000000	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0.000000	270,641	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	116,581	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	806,394	0	69.00
69.01	CARDIAC REHAB	0.000000	12,227	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000	53,066	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	786,529	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	78,709	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	9,506,709	0	73.00
76.00	RENAL ACUTE	0.000000	219,706	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000	0	0	90.00
90.05	PATIENT NUTRITION	0.000000	0	0	90.05
90.07	WOUND CLINIC	0.000000	0	0	90.07
91.00	EMERGENCY	0.000000	1,891,995	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		32,537,184	0	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)		32,537,184	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet E
Part A
Date/Time Prepared:
2/29/2012 2:14 pm

		Title XVIII		Hospital		PPS	
		before 1/1		on/after 1/1			
		1.00		1.01			
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS							
1.00	DRG Amounts Other than Outlier Payments	61,726,985				1.00	
2.00	Outlier payments for discharges. (see instructions)	1,471,176				2.00	
3.00	Managed Care Simulated Payments	4,210,283				3.00	
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	284.17				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)	12.22				5.00	
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00				6.00	
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00				7.00	
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00				7.01	
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00				8.00	
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00				8.01	
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00				8.02	
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	12.22				9.00	
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	20.18				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)	12.22				12.00	
13.00	Total allowable FTE count for the prior year.	12.22				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.	12.22				14.00	
15.00	Sum of lines 12 through 14 divided by 3.	12.22				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	12.22				18.00	
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.043002				19.00	
20.00	Prior year resident to bed ratio (see instructions)	0.044563				20.00	
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.043002				21.00	
22.00	IME payment adjustment (see instructions)	1,530,866				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).	8.45				23.00	
24.00	IME FTE Resident Count Over Cap (see instructions)	7.96				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)	7.96				25.00	
26.00	Resident to bed ratio (divide line 25 by line 4)	0.028011				26.00	
27.00	IME payments adjustment. (see instructions)	0.007426				27.00	
28.00	IME Adjustment (see instructions)	489,650				28.00	
29.00	Total IME payment (sum of lines 22 and 28)	2,020,516				29.00	
Disproportionate Share Adjustment							
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	4.59				30.00	
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)	19.43				31.00	
32.00	Sum of lines 30 and 31	24.02				32.00	
33.00	Allowable disproportionate share percentage (see instructions)	9.03				33.00	
34.00	Disproportionate share adjustment (see instructions)	5,573,947				34.00	
Additional payment for high percentage of ESRD beneficiary discharges							
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0				40.00	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		0		41.00	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00				42.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0				43.00	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000				44.00	
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00		45.00	
46.00	Total additional payment (line 45 times line 44 times line 41)	0				46.00	
47.00	Subtotal (see instructions)	70,792,624				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)	70,792,624				49.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2010 To 08/31/2011	Worksheet E Part A Date/Time Prepared: 2/29/2012 2:14 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01

		before 1/1	on/after 1/1	
		1.00	1.01	
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)	5,538,460		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).	857,405		52.00
53.00	Nursing and Allied Health Managed Care payment	0		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (worksheet D-4 Part III, col. 1, line 69)	0		55.00
56.00	Cost of teaching physicians (worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs	0		57.00
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)	7,471		58.00
59.00	Total (sum of amounts on lines 49 through 58)	77,195,960		59.00
60.00	Primary payer payments	41,463		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	77,154,497		61.00
62.00	Deductibles billed to program beneficiaries	6,253,392		62.00
63.00	Coinsurance billed to program beneficiaries	225,704		63.00
64.00	Allowable bad debts (see instructions)	1,455,067		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	1,018,547		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	983,765		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	71,693,948		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0		68.00
69.00	Outlier payments reconciliation	0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		70.00
70.95	Recovery of Accelerated Depreciation	0		70.95
70.96	Low Volume Payment-1	0		70.96
70.97	Low Volume Payment-2	0		70.97
70.98	Low Volume Payment-3	0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	71,693,948		71.00
72.00	Interim payments	71,230,846		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)	463,102		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: 150023	Period: From 09/01/2010 To 08/31/2011	Worksheet E Part B Date/Time Prepared: 2/29/2012 2:14 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,093	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		45,181,676	2.00
3.00	PPS payments		44,539,007	3.00
4.00	Outlier payment (see instructions)		353,737	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		7,749	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,093	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		12,062	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)		12,062	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		12,062	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		8,969	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)		3,093	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)		44,900,493	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,285	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		9,348,314	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)		35,551,987	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		407,561	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)		35,959,548	30.00
31.00	Primary payer payments		5,485	31.00
32.00	Subtotal (line 30 minus line 31)		35,954,063	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)		1,032,156	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		722,509	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		742,190	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		36,676,572	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-259	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)		36,676,831	40.00
41.00	Interim payments		36,770,307	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)		-93,476	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: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet E-1
Part I
Date/Time Prepared:
2/29/2012 2:14 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		68,974,151		35,541,183	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		1,580,915		1,184,618	3.01	
3.02			419,693		44,506	3.02	
3.03			256,087		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		2,256,695		1,229,124	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)		71,230,846		36,770,307	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		463,102		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		93,476	6.02	
7.00	Total Medicare program liability (see instructions)		71,693,948		36,676,831	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: 150023

Period:

worksheet E-1

Component CCN: 15T023

From 09/01/2010

Part I

To 08/31/2011

Date/Time Prepared:

2/29/2012 2:14 pm

Title XVIII

Subprovider - IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		5,928,441		0	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		5,316		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)		5,316		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)		5,933,757		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		3,823		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,937,580		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		Provider CCN: 150023	Period: From 09/01/2010 To 08/31/2011	Worksheet E-3 Part III Date/Time Prepared: 2/29/2012 2:14 pm
		Component CCN: 151023	Title XVIII	Subprovider - IRF
				PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			5,541,994 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0242 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			221,635 3.00
4.00	Outlier Payments			232,899 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.01 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			15.243836 10.00
11.00	Medical Education Adjustment Factor $\{(1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			5,996,528 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,996,528 17.00
18.00	Primary payer payments			5,000 18.00
19.00	Subtotal (line 17 less line 18).			5,991,528 19.00
20.00	Deductibles			29,272 20.00
21.00	Subtotal (line 19 minus line 20)			5,962,256 21.00
22.00	Coinsurance			26,004 22.00
23.00	Subtotal (line 21 minus line 22)			5,936,252 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,732 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,212 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			964 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,937,464 27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			116 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,937,580 32.00
33.00	Interim payments			5,933,757 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			3,823 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150023	Period: From 09/01/2010 To 08/31/2011	Worksheet E-4 Date/Time Prepared: 2/29/2012 2:14 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.			14.92 1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00 2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00 3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00 3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00 4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00 4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00 4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			14.92 5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			20.18 6.00
7.00	Enter the lesser of line 5 or line 6			14.92 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.	20.18	0.00	20.18 8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.92	0.00	14.92 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	14.92	0.00	11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.92	0.00	12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.92	0.00	13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.92	0.00	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	14.92	0.00	17.00
18.00	Per resident amount	112,970.53	0.00	18.00
19.00	Approved amount for resident costs	1,685,520	0	1,685,520 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)			5.75 20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			5.26 21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.26 22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			89,784.32 23.00
24.00	Multiply line 22 time line 23			472,266 24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,157,786 25.00
		Inpatient Part	Managed care	
		A		
		1.00	2.00	3.00
COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	43,661	2,803	26.00
27.00	Total Inpatient Days	78,583	78,583	27.00
28.00	Ratio of inpatient days to total inpatient days	0.555604	0.035669	28.00
29.00	Program direct GME amount	1,198,875	76,966	29.00
30.00	Reduction for nursing/allied health		10,875	30.00
31.00	Net Program direct GME amount			1,264,966 31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 150023	Period: From 09/01/2010 To 08/31/2011	Worksheet E-4 Date/Time Prepared: 2/29/2012 2:14 pm
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		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 8, 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
APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			95,108,700 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)			46,463 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			95,062,237 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			45,192,518 42.00
43.00	Primary payer payments (see instructions)			5,485 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			45,187,033 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			140,249,270 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.677809 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.322191 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			1,264,966 48.00
49.00	Part A Medicare GME payment (line 46 x 48)(title XVIII only)(see instructions)			857,405 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			407,561 50.00

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

Provider CCN: 150023

Period: From 09/01/2010 To 08/31/2011

worksheet G

Date/Time Prepared: 2/29/2012 2:14 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	30,851,734	0	0	0	1.00
2.00	Temporary investments	11,415,634	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	49,370,995	0	0	0	4.00
5.00	Other receivable	103,332	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,386,794	0	0	0	7.00
8.00	Prepaid expenses	4,366,387	0	0	0	8.00
9.00	Other current assets	610,058	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)	101,104,934	0	0	0	11.00
FIXED ASSETS						
12.00	Land	36,075,662	0	0	0	12.00
13.00	Land improvements	11,882,607	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	303,802,717	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	108,778,840	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	-170,172,589	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)	290,367,237	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	59,682,256	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	13,597,798	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	73,280,054	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	464,752,225	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	20,963,832	0	0	0	37.00
38.00	Salaries, wages, and fees payable	17,219,558	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	12,070,027	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	50,253,417	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	287,172,555	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	287,172,555	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	337,425,972	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	127,326,253				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)	127,326,253	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	464,752,225	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet G-1

Date/Time Prepared:
2/29/2012 2:14 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		135,633,051	
2.00	Net income (loss) (from wkst. G-3, line 29)		-1,804,476			2.00
3.00	Total (sum of line 1 and line 2)		133,828,575		0	3.00
4.00	PENSION	3,085,712			0	4.00
5.00	NET UNREALIZED GAINS	739,114			0	5.00
6.00	NET ASSETS RELEASED FOR PRPTY	1,822,200			0	6.00
7.00	OTHER CHANGES IN UHF RECEIVABLE	381,873			0	7.00
8.00	NET INVESTMENT INCOME	11,949			0	8.00
9.00	CONSOLIDATED	1,341,315			0	9.00
10.00	Total additions (sum of line 4-9)		7,382,163		0	10.00
11.00	Subtotal (line 3 plus line 10)		141,210,738		0	11.00
12.00	TRANSFERS TO UHS	12,062,285			0	12.00
13.00	NET ASSETS RELEASED FOR PRPTY	1,822,200			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)		13,884,485		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		127,326,253		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet G-2 Parts

Date/Time Prepared:
2/29/2012 2:14 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	76,465,872		76,465,872	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,977,778		4,977,778	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)	81,443,650		81,443,650	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,173,912		22,173,912	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	INTENSIVE NURSERY	8,965,376		8,965,376	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	31,139,288		31,139,288	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	112,582,938		112,582,938	17.00
18.00	Ancillary services	389,121,826	0	389,121,826	18.00
19.00	Outpatient services	0	529,173,069	529,173,069	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				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	501,704,764	529,173,069	1,030,877,833	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		304,350,154		29.00
30.00	BAD DEBT	36,284,667			30.00
31.00	HOME OFFICE	57,226,673			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)		93,511,340		36.00
37.00	UHC BENEFITS	1,360,240			37.00
38.00	UHC PHOENIX ALLOCATION	180,255			38.00
39.00	UHC IS ALLOCATION	319,200			39.00
40.00	UHC PERSONNEL COST ALLOCATION	284,905			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		2,144,600		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		395,716,894		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150023

Period:
From 09/01/2010
To 08/31/2011

Worksheet G-3

Date/Time Prepared:
2/29/2012 2:14 pm

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	1,030,877,833	1.00
2.00	Less contractual allowances and discounts on patients' accounts	646,257,167	2.00
3.00	Net patient revenues (line 1 minus line 2)	384,620,666	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	395,716,894	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-11,096,228	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE & NON OP	9,291,752	24.00
25.00	Total other income (sum of lines 6-24)	9,291,752	25.00
26.00	Total (line 5 plus line 25)	-1,804,476	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,804,476	29.00

Provider CCN: 150023

Period:
 From 09/01/2010
 To 08/31/2011

Worksheet L
 Parts I-III
 Date/Time Prepared:
 2/29/2012 2:14 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	5,007,684	1.00
2.00	Capital DRG outlier payments	136,671	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	200.05	3.00
4.00	Number of interns & residents (see instructions)	20.18	4.00
5.00	Indirect medical education percentage (see instructions)	2.89	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	144,722	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)	4.59	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)	19.43	8.00
9.00	Sum of lines 7 and 8	24.02	9.00
10.00	Allowable disproportionate share percentage (see instructions)	4.98	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	249,383	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	5,538,460	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



CMS 339 Questionnaire - Exhibit 1
 Date Prepared: 2/28/2012 11:17:39 AM
 Data File: C:\Tammie Documents\150023cr2011.mcrx
 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

Health Financial Systems
 MCRIF32

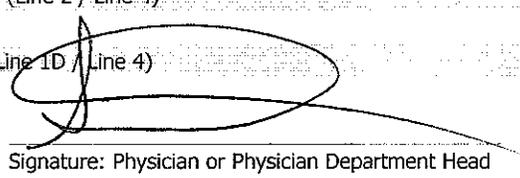
Allocation of Physician Compensation: Hours
Department: EDUCATION & ORGANIZATION
Physician: MELODY DRAKE

Provider: UNION HOSPITAL, INC.
Number: 150023

Basis of Allocation: Other

Describe: CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	1641.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	0.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	1641.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	1641.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %


 Signature: Physician or Physician Department Head

Date 2/28/12

CMS 339 Questionnaire - Exhibit 1
 Date Prepared: 2/28/2012 12:20:10 PM
 Data File: C:\Tammie Documents\150023cr2011.mcrx
 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

Health Financial Systems
 MCRIF32

Allocation of Physician Compensation: Hours **Provider:** UNION HOSPITAL, INC.
Department: EDUCATION & ORGANIZATION **Number:** 150023
Physician: RANDALL STEVENS

Basis of Allocation: Other **Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	799.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	0.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	799.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	799.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %

Signature: Physician or Physician Department Head

2/28/12
 Date

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CMS 339 Questionnaire - Exhibit 1
 Date Prepared: 2/28/2012 10:44:31 AM
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 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

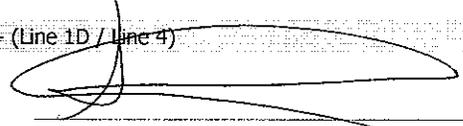
Health Financial Systems
 MCRIF32

Allocation of Physician Compensation: Hours
Department: EDUCATION & ORGANIZATION
Physician: BALDWIN

Provider: UNION HOSPITAL, INC.
Number: 150023

Basis of Allocation: Other **Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	1695.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	0.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	1695.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	1695.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %


 Signature: Physician or Physician Department Head

2/28/12
 Date

CMS 339 Questionnaire - Exhibit 1
 Date Prepared: 2/28/2012 12:19:24 PM
 Data File: C:\Tammie Documents\150023cr2011.mcrx
 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

Health Financial Systems
 MCRIF32

Allocation of Physician Compensation: Hours **Provider:** UNION HOSPITAL, INC.
Department: EDUCATION & ORGANIZATION **Number:** 150023
Physician: PAUL DALUGA

Basis of Allocation: Other **Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	2071.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	0.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	2071.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	2071.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %


 Signature: Physician or Physician Department Head

2/28/12
 Date

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CMS 339 Questionnaire - Exhibit 1
 Date Prepared: 2/28/2012 12:21:08 PM
 Data File: C:\Tammie Documents\150023cr2011.mcrx
 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

Health Financial Systems
 MCRIF32

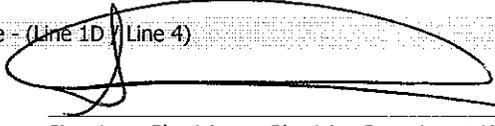
Allocation of Physician Compensation: Hours
Department: EDUCATION & ORGANIZATION
Physician: T ALVEY

Provider: UNION HOSPITAL, INC.
Number: 150023

Basis of Allocation: Other

Describe: CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	2182.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	0.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	2182.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	2182.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %



Signature: Physician or Physician Department Head

2/28/12
 Date

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CMS 339 Questionnaire - Exhibit 1
 Date Prepared: 2/28/2012 10:52:53 AM
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 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

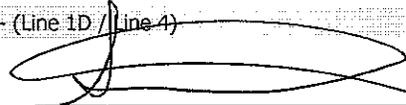
Health Financial Systems
 MCRIF32

Allocation of Physician Compensation: Hours
Department: EDUCATION & ORGANIZATION
Physician: J BUECHLER

Provider: UNION HOSPITAL, INC.
Number: 150023

Basis of Allocation: Other **Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	16.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	0.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	16.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	16.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %


 Signature: Physician or Physician Department Head

2/28/12
 Date

CMS 339 Questionnaire - Exhibit 1
 Date Prepared: 2/28/2012 11:10:22 AM
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 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

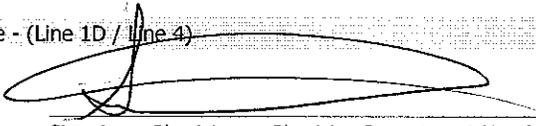
Health Financial Systems
 MCRIF32

Allocation of Physician Compensation: Hours
Department: EDUCATION & ORGANIZATION
Physician: KARLA ZODY

Provider: UNION HOSPITAL, INC.
Number: 150023

Basis of Allocation: Other **Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	747.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	0.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	747.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	747.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %


 Signature: Physician or Physician Department Head

2/28/12
 Date

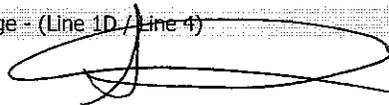
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 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

Health Financial Systems
 MCRIF32

Allocation of Physician Compensation: Hours **Provider:** UNION HOSPITAL, INC.
Department: EDUCATION & ORGANIZATION **Number:** 150023
Physician: JAMES TURNER

Basis of Allocation: Other **Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	281.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	5.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	286.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	286.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %


 Signature: Physician or Physician Department Head

2/28/12
 Date

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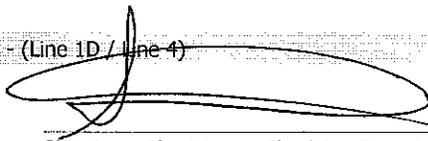
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 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

Health Financial Systems
 MCRIF32

Allocation of Physician Compensation: Hours **Provider:** UNION HOSPITAL, INC.
Department: DISCH PLAN/UTIL REVIEW **Number:** 150023
Physician: EM CARE

Basis of Allocation: Other **Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	0.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	250.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	250.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	250.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %


 Signature: Physician or Physician Department Head

2/28/12
 Date

Date Prepared: 2/28/2012 11:19:27 AM

Data File: C:\Tammie Documents\150023cr2011.mcrx

Fiscal Year: 09/01/2010 To 08/31/2011

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

Allocation of Physician Compensation: Hours

Provider:

UNION HOSPITAL, INC.

Department: REHABILITATION SERVICES

Number:

150023

Physician: P PATEL

Basis of Allocation: Other

Describe: CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	0.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	1200.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	1200.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	1200.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %

Signature: Physician or Physician Department Head

2/28/12
Date

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CMS 339 Questionnaire - Exhibit 1
 Date Prepared: 2/28/2012 12:37:46 PM
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 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

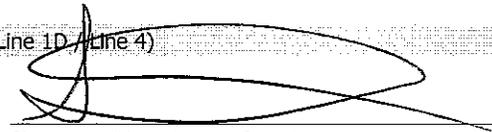
Health Financial Systems
 MCRIF32

Allocation of Physician Compensation: Hours
Department: ANESTHESIA
Physician: KENNETH CRANE

Provider: UNION HOSPITAL, INC.
Number: 150023

Basis of Allocation: Other **Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	0.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	240.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	240.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	240.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %


 Signature: Physician or Physician Department Head

2/28/12
 Date

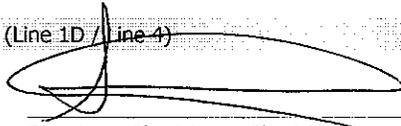
CMS 339 Questionnaire - Exhibit 1
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 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

Health Financial Systems
 MCRIF32

Allocation of Physician Compensation: Hours **Provider:** UNION HOSPITAL, INC.
Department: RADIOLOGY **Number:** 150023
Physician: DR WENDECKER

Basis of Allocation: Other **Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	0.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	175.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	175.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	175.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %


 Signature: Physician or Physician Department Head

2/28/12
 Date

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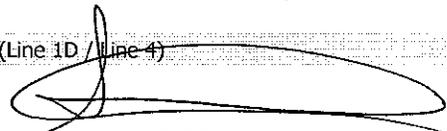
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 Data File: C:\Tammie Documents\150023cr2011.mcrx
 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

Health Financial Systems
 MCRIF32

Allocation of Physician Compensation: Hours **Provider:** UNION HOSPITAL, INC.
Department: RADIOLOGY **Number:** 150023
Physician: DR SIDDA

Basis of Allocation: Other **Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	0.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	240.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	240.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	240.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %


 Signature: Physician or Physician Department Head

2/28/12
 Date

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CMS 339 Questionnaire - Exhibit 1
 Date Prepared: 2/28/2012 12:22:00 PM
 Data File: C:\Tammie Documents\150023cr2011.mcrx
 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

Health Financial Systems
 MCRIF32

Allocation of Physician Compensation: Hours
Department: LABORATORY
Physician: TERRE HAUTE MED LAB

Provider: UNION HOSPITAL, INC.
Number: 150023

Basis of Allocation: Other

Describe: CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	0.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	4800.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	4800.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	4800.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %

Signature: Physician or Physician Department Head

2/28/12
 Date

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CMS 339 Questionnaire - Exhibit 1
 Date Prepared: 2/28/2012 12:18:27 PM
 Data File: C:\Tammie Documents\150023cr2011.mcrx
 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

Health Financial Systems
 MCRIF32

Allocation of Physician Compensation: Hours
Department: PULMONARY SERVICES
Physician: PATHOLOGY ASSOCIATED

Provider: UNION HOSPITAL, INC.
Number: 150023

Basis of Allocation: Other

Describe: CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	0.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	40.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	40.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	40.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %


 Signature: Physician or Physician Department Head

2/28/12
 Date

v7

CMS 339 Questionnaire - Exhibit 1
Date Prepared: 2/28/2012 10:54:00 AM
Data File: C:\Tammie Documents\150023cr2011.mcrx
Fiscal Year: 09/01/2010 To 08/31/2011
Provider Name: UNION HOSPITAL, INC.
Provider No: 150023

Health Financial Systems
MCRIF32

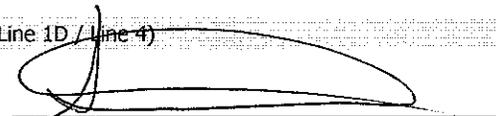
Allocation of Physician Compensation: Hours
Department: CARDIOLOGY
Physician: J P MERCHO

Provider: UNION HOSPITAL, INC.
Number: 150023

Basis of Allocation: Other

Describe: CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	0.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	32.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	32.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	32.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %


Signature: Physician or Physician Department Head

2/28/12
Date

v7

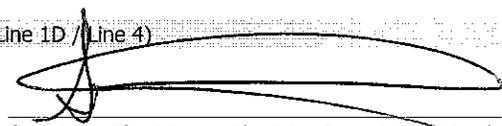
CMS 339 Questionnaire - Exhibit 1
 Date Prepared: 2/28/2012 10:46:20 AM
 Data File: C:\Tammie Documents\150023cr2011.mcrx
 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

Health Financial Systems
 MCRIF32

Allocation of Physician Compensation: Hours **Provider:** UNION HOSPITAL, INC.
Department: WOMEN'S HEALTH **Number:** 150023
Physician: DR LALOUCHE

Basis of Allocation: Other **Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	0.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	209.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	209.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	209.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %


 Signature: Physician or Physician Department Head

2/28/12
 Date

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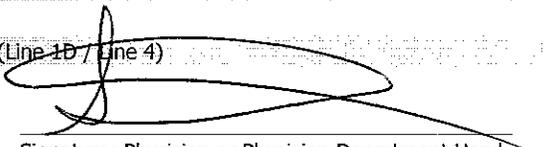
CMS 339 Questionnaire - Exhibit 1
 Date Prepared: 2/28/2012 11:18:36 AM
 Data File: C:\Tammie Documents\150023cr2011.mcrx
 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

Health Financial Systems
 MCRIF32

Allocation of Physician Compensation: Hours **Provider:** UNION HOSPITAL, INC.
Department: NUTRITION CARE SERVICES **Number:** 150023
Physician: NAGARJI

Basis of Allocation: Other **Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	0.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	3.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	3.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	3.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %


 Signature: Physician or Physician Department Head

2/28/12
 Date

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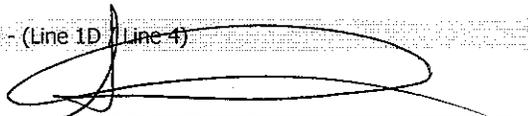
CMS 339 Questionnaire - Exhibit 1
 Date Prepared: 2/28/2012 11:09:24 AM
 Data File: C:\Tammie Documents\150023cr2011.mcrx
 Fiscal Year: 09/01/2010 To 08/31/2011
 Provider Name: UNION HOSPITAL, INC.
 Provider No: 150023

Health Financial Systems
 MCRIF32

Allocation of Physician Compensation: Hours **Provider:** UNION HOSPITAL, INC.
Department: CONTINUING MEDICAL EDUCATION **Number:** 150023
Physician: KARLA ZODY

Basis of Allocation: Other **Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	0.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Department Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	835.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C.)	835.00
2. Physician Services: Medical and Surgical Services to Individual Patients.	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours (Lines 1D, 2, and 3)	835.00
5. Professional Component Percentage (Line 2 / Line 4)	0.00 %
6. Provider Component Percentage - (Line 1D / Line 4)	100.00 %


 Signature: Physician or Physician Department Head

2/28/12
 Date

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Date Prepared: 2/29/2012 3:48:26 PM

Data File: C:\Tammie Documents\150023cr2011.mcrx

Fiscal Year: 09/01/2010 To 08/31/2011

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

Provider: UNION HOSPITAL, INC.

Prepared By: MARGARET MILLER

Number: 150023

Date Prepared: 02/28/2012

Type: INPATIENT

PATIENT NAME	HIC. NO.	DATES OF SERVICE		INDEGENCY & WEL. RECIP. (CK IF APPL)	
		FROM	TO	YES	MEDICAID NUMBER
SEE ATTACHED					

CMS 339 Questionnaire - Exhibit 2 OUTPATIENT
Date Prepared: 2/29/2012 3:48:26 PM
Data File: C:\Tammie Documents\150023cr2011.mcrx
Fiscal Year: 09/01/2010 To 08/31/2011
Provider Name: UNION HOSPITAL, INC.
Provider No: 150023

Health Financial Systems
MCRIF32

Provider: UNION HOSPITAL, INC.
Number: 150023

Prepared By: MARGARET MILLER
Date Prepared: 02/28/2012
Type: OUTPATIENT

PATIENT NAME	HIC. NO.	DATES OF SERVICE		INDEGENCY & WEL. RECIP. (CK IF APPL)	
		FROM	TO	YES	MEDICAID NUMBER
SEE ATTACHED					