

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: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/29/2012 5:50 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2012 Time: 5:50 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-217,052	-51,774	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-60,102	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	-277,154	-51,774	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: 150090		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 5:50 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 24 JOLIET STREET			PO Box:							1.00	
2.00	City: DYER			State: IN		Zip Code: 46311-1799		County: LAKE			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		FRANCISCAN ST. MARGARET HEALTH- DYER		150090	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		FRANCISCAN ST. MARGARET HEALTH - REH		15T090	23844	5	01/01/2002	N	P	T	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)						01/01/2011		12/31/2011		20.00	
21.00	Type of Control (see instructions)						1				21.00	
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						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.						2		N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this is an IPPS provider, enter the in-State Medicaid paid days in column 1, the in-State Medicaid eligible but unpaid days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible but unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days. Do not include swing-bed, observation or hospice days in any columns on this line.			2,136	0	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in-State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.			51	0	0	0	0	0		25.00	
							Urban/Rural S	Date of Geogr				
							1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						1				26.00	
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0				35.00	

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	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	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. 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		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.50	8.64	0.054705	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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. (see instructions)	INTERNAL MEDICINE - GENERAL	3900	0.00	0.77	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.50	8.62	0.054825	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	UROLOGY	6250	0.10	0.04	0.714286	67.00



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		1.00	2.00	
<b>Miscellaneous Cost Reporting Information</b>				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2	118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	0	0	0
		1.00	2.00	
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
<b>Transplant Center Information</b>				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
<b>All Providers</b>				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	158014	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: FRANCISCAN ALLIANCE, INC	Contractor's Name: NATIONAL GOVERNMENT SERVICES	Contractor's Number: 00130	141.00
142.00	Street: 1515 DRAGOON TRAIL	PO Box: -		142.00
143.00	City: MISHAWAKA	State: IN	Zip Code: 46546	143.00
		1.00	2.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N	145.00
		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00

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		1.00		2.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A 1.00		Part B 2.00		Title V 3.00	
						Title XIX 4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER	N	N	N	N	N	158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	N	N	N	161.00
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N 165.00	
		Name 0		County 1.00		State 2.00	
						Zip Code 3.00	
						CBSA 4.00	
						FTE/Campus 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					0.00 166.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					N 167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0 168.00	
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)					0.00 169.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 5:50 pm
			Y/N	Date
			1.00	2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
			Y/N	Date
			1.00	2.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
			Y/N	Type
			1.00	2.00
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.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/10/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 5:50 pm
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		Part A		
Description		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	2.00	
				1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>				
<b>Capital Related Cost</b>				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions	N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	Y		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		27.00
<b>Interest Expense</b>				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	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
<b>Purchased Services</b>				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
<b>Provider-Based Physicians</b>				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N		35.00
		Y/N	Date	
		1.00	2.00	
<b>Home Office Costs</b>				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
		1.00	2.00	3.00
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.			41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150090

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/29/2012 5:50 pm

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/10/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150090

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2012 5:50 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	127	43,175	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)		127	43,175	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		141	48,285	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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)		171				27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150090

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2012 5:50 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	15,959	2,136	26,180		1.00
2.00 HMO		910	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		163	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	15,959	2,136	26,180		7.00
8.00 INTENSIVE CARE UNIT	0	1,691	230	2,823		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	0		13.00
14.00 Total (see instructions)	0	17,650	2,366	29,003		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	4,638	51	5,842		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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		171	1,294		28.00
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150090

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2012 5:50 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	3,196	1.00
2.00 HMO					151	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	9.28	935.48	0.00	0	3,196	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	30.00	0.00	0	377	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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)	9.28	965.48	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150090

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2012 5:50 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	518	6,250		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	518	6,250		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	4	476		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/29/2012 5:50 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - WAGE DATA</b>						
<b>SALARIES</b>						
1.00	Total salaries (see instructions)	200.00	47,688,979	0	47,688,979	1,945,786.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00
4.00	Physician-Part A		0	0	0	0.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00
5.00	Physician-Part B		0	0	0	0.00
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00
7.01	Contracted interns and residents (in approved programs)		0	613,002	613,002	19,302.00
8.00	Home office personnel		0	0	0	0.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		10,957,592	208	10,957,800	495,821.00
<b>OTHER WAGES &amp; RELATED COSTS</b>						
11.00	Contract labor (see instructions)		797,239	0	797,239	21,980.00
12.00	Management and administrative services		0	0	0	0.00
13.00	Contract labor: physician-Part A		154,170	0	154,170	1,216.00
14.00	Home office salaries & wage-related costs		4,699,686	0	4,699,686	89,704.00
15.00	Home office: physician Part A		0	0	0	0.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		10,258,371	0	10,258,371	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		3,459,834	0	3,459,834	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A		0	0	0	
23.00	Physician Part B		0	0	0	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		0	0	0	
<b>OVERHEAD COSTS - DIRECT SALARIES</b>						
26.00	Employee Benefits	4.00	396,832	0	396,832	30,957.00
27.00	Administrative & General	5.00	3,586,844	0	3,586,844	144,373.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00
29.00	Maintenance & Repairs	6.00	856,045	0	856,045	42,339.00
30.00	Operation of Plant	7.00	302,375	0	302,375	13,066.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00
32.00	Housekeeping	9.00	1,146,892	0	1,146,892	94,410.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00
34.00	Dietary	10.00	702,835	-359,151	343,684	30,325.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00
36.00	Cafeteria	11.00	0	359,151	359,151	31,690.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	413,470	0	413,470	10,512.00
39.00	Central Services and Supply	14.00	414,770	0	414,770	29,973.00
40.00	Pharmacy	15.00	1,561,066	0	1,561,066	39,402.00
41.00	Medical Records & Medical Records Library	16.00	407,649	0	407,649	20,475.00
42.00	Social Service	17.00	0	0	0	0.00
43.00	Other General Service	18.00	0	0	0	0.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/29/2012 5:50 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	24.51	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	31.76	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	22.10	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	36.27	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	126.78	13.00
14.00	Home office salaries & wage-related costs	52.39	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
<b>WAGE-RELATED COSTS</b>			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	12.82	26.00
27.00	Administrative & General	24.84	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	20.22	29.00
30.00	Operation of Plant	23.14	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	12.15	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	11.33	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	11.33	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	39.33	38.00
39.00	Central Services and Supply	13.84	39.00
40.00	Pharmacy	39.62	40.00
41.00	Medical Records & Medical Records Library	19.91	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150090		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part III Date/Time Prepared: 5/29/2012 5:50 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	47,688,979	-613,002	47,075,977	1,926,484.00		1.00
2.00	Excluded area salaries (see instructions)	10,957,592	208	10,957,800	495,821.00		2.00
3.00	Subtotal salaries (line 1 minus line 2)	36,731,387	-613,210	36,118,177	1,430,663.00		3.00
4.00	Subtotal other wages & related costs (see inst.)	5,651,095	0	5,651,095	112,900.00		4.00
5.00	Subtotal wage-related costs (see inst.)	10,258,371	0	10,258,371	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	52,640,853	-613,210	52,027,643	1,543,563.00		6.00
7.00	Total overhead cost (see instructions)	9,788,778	0	9,788,778	487,522.00		7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/29/2012 5:50 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	

PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	24.44	1.00
2.00	Excluded area salaries (see instructions)	22.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25.25	3.00
4.00	Subtotal other wages & related costs (see inst.)	50.05	4.00
5.00	Subtotal wage-related costs (see inst.)	28.40	5.00
6.00	Total (sum of lines 3 thru 5)	33.71	6.00
7.00	Total overhead cost (see instructions)	20.08	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2012 5:50 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		3,920,853	3.00
4.00	Prior Year Pension Service Cost			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		6,081,784	8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)		159,091	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)		128,063	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance		593,078	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		2,682,800	17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance		102,357	19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement		50,180	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		13,718,206	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150090

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/29/2012 5:50 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/29/2012 5:50 pm
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.287245		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		5,433,249		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		35,796,769		6.00
7.00	Medicaid cost (line 1 times line 6)		10,282,443		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)		4,849,194		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		2,089,014		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
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,849,194		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	8,584,600	2,983,200	11,567,800	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,465,883	856,909	3,322,792	21.00
22.00	Partial payment by patients approved for charity care	176,200	281,800	458,000	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,289,683	575,109	2,864,792	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)			4,981,289	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			365,687	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			4,615,602	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			1,325,809	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			4,190,601	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			9,039,795	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150090

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

Worksheet A  
Date/Time Prepared:  
5/29/2012 5:50 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		8,721,113	8,721,113	-4,562,123	4,158,990	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	5,092,063	5,092,063	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	396,832	13,843,622	14,240,454	0	14,240,454	4.00
5.01 COMMUNICATIONS	122,492	15,825	138,317	0	138,317	5.01
5.02 ADMINISTRATION	951,224	80,918	1,032,142	0	1,032,142	5.02
5.03 PATIENT ACCOUNTING	0	723,608	723,608	0	723,608	5.03
5.04 OTHER ADMINISTRATIVE AND GENERAL	2,513,128	-3,099,191	-586,063	375,670	-210,393	5.04
6.00 MAINTENANCE & REPAIRS	856,045	1,756,784	2,612,829	0	2,612,829	6.00
7.00 OPERATION OF PLANT	302,375	2,791,768	3,094,143	0	3,094,143	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	1,146,892	228,110	1,375,002	0	1,375,002	9.00
10.00 DIETARY	702,835	977,739	1,680,574	-841,889	838,685	10.00
11.00 CAFETERIA	0	0	0	841,889	841,889	11.00
13.00 NURSING ADMINISTRATION	413,470	13,140	426,610	-4,787	421,823	13.00
14.00 CENTRAL SERVICES & SUPPLY	414,770	1,640,665	2,055,435	-985,559	1,069,876	14.00
15.00 PHARMACY	1,561,066	5,230,079	6,791,145	-3,223,787	3,567,358	15.00
16.00 MEDICAL RECORDS & LIBRARY	407,649	615,468	1,023,117	0	1,023,117	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	613,002	613,002	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	8,903,633	709,174	9,612,807	-819,398	8,793,409	30.00
31.00 INTENSIVE CARE UNIT	1,801,576	317,144	2,118,720	-44,889	2,073,831	31.00
41.00 SUBPROVIDER - IRF	1,576,617	2,766,499	4,343,116	-9,766	4,333,350	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	721,210	721,210	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,381,824	7,762,938	9,144,762	-6,244,010	2,900,752	50.00
50.01 OUTPATIENT SURGERY	250,001	523,403	773,404	-311,633	461,771	50.01
51.00 RECOVERY ROOM	1,026,303	71,412	1,097,715	-3,732	1,093,983	51.00
53.00 ANESTHESIOLOGY	25,666	212,263	237,929	-154,130	83,799	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,645,475	1,361,940	3,007,415	-13,985	2,993,430	54.00
54.01 RADIOLOGY-SPECIAL PROCEDURES	73,310	817,647	890,957	-148,915	742,042	54.01
55.00 RADIOLOGY-THERAPEUTIC	416,765	209,133	625,898	-874	625,024	55.00
56.00 RADIOISOTOPE	254,319	315,149	569,468	9,491	578,959	56.00
60.00 LABORATORY	0	4,825,805	4,825,805	-13	4,825,792	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	572,585	572,585	0	572,585	63.00
65.00 RESPIRATORY THERAPY	857,597	441,305	1,298,902	-60,262	1,238,640	65.00
66.00 PHYSICAL THERAPY	2,930,796	3,362,106	6,292,902	-2,251,646	4,041,256	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	1,663,302	1,663,302	67.00
68.00 SPEECH PATHOLOGY	0	76	76	508,114	508,190	68.00
69.00 ELECTROCARDIOLOGY	557,037	117,221	674,258	1,311	675,569	69.00
70.00 ELECTROENCEPHALOGRAPHY	227,546	30,553	258,099	-1,272	256,827	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,930,183	2,930,183	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,201,221	8,201,221	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	3,223,492	3,223,492	73.00
76.00 ULTRASOUND	299,874	117,249	417,123	-10,498	406,625	76.00
76.01 PAIN CLINIC	396,211	37,816	434,027	-17,248	416,779	76.01
76.02 CATH LAB	647,637	2,980,143	3,627,780	-2,779,433	848,347	76.02
76.03 ACTIVITY THERAPY	1,504,925	12,134	1,517,059	-20	1,517,039	76.03
76.04 WOUND CARE CENTER	218,609	53,956	272,565	-41,159	231,406	76.04
76.05 BARIATRIC CLINIC	263,915	191,940	455,855	-1,707	454,148	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 EMERGENCY	3,259,590	1,063,955	4,323,545	-129,809	4,193,736	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE		3,868,852	3,868,852	-1,518,612	2,350,240	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	38,308,004	66,282,046	104,590,050	-208	104,589,842	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,007	78,151	101,158	0	101,158	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	7,434,859	1,823,953	9,258,812	208	9,259,020	192.00
192.01 WORKING WELL	0	0	0	0	0	192.01
194.00 RESIDENTIAL	1,923,109	207,538	2,130,647	0	2,130,647	194.00
194.01 OMNI	0	0	0	0	0	194.01
194.02 PSYCHIATRIC	0	0	0	0	0	194.02
200.00 TOTAL (SUM OF LINES 118-199)	47,688,979	68,391,688	116,080,667	0	116,080,667	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150090

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

Worksheet A  
Date/Time Prepared:  
5/29/2012 5:50 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	982,952	5,141,942	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5,092,063	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	420,191	14,660,645	4.00
5.01	COMMUNICATIONS	0	138,317	5.01
5.02	ADMINISTRATIVE	0	1,032,142	5.02
5.03	PATIENT ACCOUNTING	-721,284	2,324	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	14,385,358	14,174,965	5.04
6.00	MAINTENANCE & REPAIRS	0	2,612,829	6.00
7.00	OPERATION OF PLANT	0	3,094,143	7.00
8.00	LAUNDRY & LINEN SERVICE	260,210	260,210	8.00
9.00	HOUSEKEEPING	0	1,375,002	9.00
10.00	DIETARY	-327,582	511,103	10.00
11.00	CAFETERIA	-435,172	406,717	11.00
13.00	NURSING ADMINISTRATION	0	421,823	13.00
14.00	CENTRAL SERVICES & SUPPLY	-670,627	399,249	14.00
15.00	PHARMACY	-1,090,271	2,477,087	15.00
16.00	MEDICAL RECORDS & LIBRARY	-8,669	1,014,448	16.00
17.00	SOCIAL SERVICE	0	0	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	613,002	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-576,874	8,216,535	30.00
31.00	INTENSIVE CARE UNIT	0	2,073,831	31.00
41.00	SUBPROVIDER - IRF	-1,871,793	2,461,557	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	721,210	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-293,000	2,607,752	50.00
50.01	OUTPATIENT SURGERY	-2,889	458,882	50.01
51.00	RECOVERY ROOM	0	1,093,983	51.00
53.00	ANESTHESIOLOGY	0	83,799	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-88,859	2,904,571	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	-12,552	729,490	54.01
55.00	RADIOLOGY-THERAPEUTIC	-33,394	591,630	55.00
56.00	RADIOISOTOPE	-3,321	575,638	56.00
60.00	LABORATORY	-444,506	4,381,286	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	-30,223	542,362	63.00
65.00	RESPIRATORY THERAPY	-172,543	1,066,097	65.00
66.00	PHYSICAL THERAPY	-1,075,649	2,965,607	66.00
67.00	OCCUPATIONAL THERAPY	0	1,663,302	67.00
68.00	SPEECH PATHOLOGY	0	508,190	68.00
69.00	ELECTROCARDIOLOGY	-13,904	661,665	69.00
70.00	ELECTROENCEPHALOGRAPHY	-6,956	249,871	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,930,183	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	8,201,221	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,223,492	73.00
76.00	ULTRASOUND	-38,625	368,000	76.00
76.01	PAIN CLINIC	0	416,779	76.01
76.02	CATH LAB	0	848,347	76.02
76.03	ACTIVITY THERAPY	0	1,517,039	76.03
76.04	WOUND CARE CENTER	0	231,406	76.04
76.05	BARIATRIC CLINIC	-560	453,588	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	EMERGENCY	-960,349	3,233,387	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	INTEREST EXPENSE	-2,350,240	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,818,869	109,408,711	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	101,158	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	91,733	9,350,753	192.00
192.01	WORKING WELL	0	0	192.01
194.00	RESIDENTIAL	0	2,130,647	194.00
194.01	OMNI	0	0	194.01
194.02	PSYCHIATRIC	0	0	194.02
200.00	TOTAL (SUM OF LINES 118-199)	4,910,602	120,991,269	200.00

RECLASSIFICATIONS

Provider CCN: 150090

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

Worksheet A-6  
Date/Time Prepared:  
5/29/2012 5:50 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAPITAL</b>					
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	5,092,063	1.00
	EQUIP				
	TOTALS		0	5,092,063	
<b>B - INTEREST EXPENSE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	400,620	1.00
	TOTALS		0	400,620	
<b>C - CAFETERIA</b>					
1.00	CAFETERIA	11.00	359,151	482,738	1.00
	TOTALS		359,151	482,738	
<b>D - INSURANCE EXPENSE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	129,320	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	972,836	2.00
	TOTALS		0	1,102,156	
<b>E - PATIENT TRANSPORT</b>					
1.00	ADULTS & PEDIATRICS	30.00	7,198	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	40,158	0	2.00
3.00	RADIOISOTOPE	56.00	12,205	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	2,815	0	4.00
5.00	ULTRASOUND	76.00	5,007	0	5.00
6.00	CATH LAB	76.02	2,658	0	6.00
7.00	EMERGENCY	91.00	4,469	0	7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	208	0	8.00
	TOTALS		74,718	0	
<b>F - CHARGEABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,950,336	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	TOTALS		0	9,950,336	
<b>G - DRUGS CHARGED TO PATIENT</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,223,492	1.00
	TOTALS		0	3,223,492	
<b>H - INTERNS AND RESIDENTS</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	613,002	1.00
	TOTALS		0	613,002	
<b>I - THERAPY RECLASS</b>					
1.00	OCCUPATIONAL THERAPY	67.00	312,409	1,350,893	1.00
2.00	SPEECH PATHOLOGY	68.00	113,995	394,119	2.00
	TOTALS		426,404	1,745,012	
<b>J - NURSERY</b>					
1.00	NURSERY	43.00	659,538	61,672	1.00
	TOTALS		659,538	61,672	
<b>K - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,020,153	1.00
	TOTALS		0	7,020,153	

Provider CCN: 150090

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

Worksheet A-6  
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		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
L - PACEMAKERS					
1.00	IMPL. DEV. CHARGED TO	72.00	0	1,181,068	1.00
	PATIENTS _____				
	TOTALS		0	1,181,068	
M - MISCELLANEOUS EXPENSE					
1.00	OTHER ADMINISTRATIVE AND	5.04	0	15,836	1.00
	GENERAL _____				
	TOTALS		0	15,836	
500.00	Grand Total: Increases		1,519,811	30,888,148	500.00

RECLASSIFICATIONS

Provider CCN: 150090

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

Worksheet A-6  
Date/Time Prepared:  
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		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - CAPITAL</b>							
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	5,092,063	9		1.00
	TOTALS		0	5,092,063			
<b>B - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	400,620	11		1.00
	TOTALS		0	400,620			
<b>C - CAFETERIA</b>							
1.00	DIETARY	10.00	359,151	482,738	0		1.00
	TOTALS		359,151	482,738			
<b>D - INSURANCE EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	129,320	11		1.00
2.00	INTEREST EXPENSE	113.00	0	972,836	11		2.00
	TOTALS		0	1,102,156			
<b>E - PATIENT TRANSPORT</b>							
1.00	EMERGENCY	91.00	7,198	0	0		1.00
2.00	EMERGENCY	91.00	40,158	0	0		2.00
3.00	EMERGENCY	91.00	12,205	0	0		3.00
4.00	EMERGENCY	91.00	2,815	0	0		4.00
5.00	EMERGENCY	91.00	5,007	0	0		5.00
6.00	EMERGENCY	91.00	2,658	0	0		6.00
7.00	EMERGENCY	91.00	4,469	0	0		7.00
8.00	EMERGENCY	91.00	208	0	0		8.00
	TOTALS		74,718	0			
<b>F - CHARGEABLE SUPPLIES</b>							
1.00	NURSING ADMINISTRATION	13.00	0	4,787	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	985,559	0		2.00
3.00	PHARMACY	15.00	0	295	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	105,386	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	44,889	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	9,766	0		6.00
7.00	OPERATING ROOM	50.00	0	6,244,010	0		7.00
8.00	OUTPATIENT SURGERY	50.01	0	311,633	0		8.00
9.00	RECOVERY ROOM	51.00	0	3,732	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	154,130	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	54,143	0		11.00
12.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	148,915	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	874	0		13.00
14.00	RADIOISOTOPE	56.00	0	2,714	0		14.00
15.00	LABORATORY	60.00	0	13	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	60,262	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	80,230	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	1,504	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,272	0		19.00
20.00	ULTRASOUND	76.00	0	15,505	0		20.00
21.00	PAIN CLINIC	76.01	0	17,248	0		21.00
22.00	CATH LAB	76.02	0	1,601,023	0		22.00
23.00	ACTIVITY THERAPY	76.03	0	20	0		23.00
24.00	WOUND CARE CENTER	76.04	0	41,159	0		24.00
25.00	BARIATRIC CLINIC	76.05	0	1,707	0		25.00
26.00	EMERGENCY	91.00	0	59,560	0		26.00
	TOTALS		0	9,950,336			
<b>G - DRUGS CHARGED TO PATIENT</b>							
1.00	PHARMACY	15.00	0	3,223,492	0		1.00
	TOTALS		0	3,223,492			
<b>H - INTERNS AND RESIDENTS</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	613,002	0		1.00
	TOTALS		0	613,002			
<b>I - THERAPY RECLASS</b>							
1.00	PHYSICAL THERAPY	66.00	312,409	1,350,893	0		1.00
2.00	PHYSICAL THERAPY	66.00	113,995	394,119	0		2.00
	TOTALS		426,404	1,745,012			
<b>J - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	659,538	61,672	0		1.00
	TOTALS		659,538	61,672			
<b>K - IMPLANTABLE DEVICES</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,020,153	0		1.00
	TOTALS		0	7,020,153			
<b>L - PACEMAKERS</b>							
1.00	CATH LAB	76.02	0	1,181,068	0		1.00
	TOTALS		0	1,181,068			

RECLASSIFICATIONS

Provider CCN: 150090

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

Worksheet A-6

Date/Time Prepared:  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	M - MISCELLANEOUS EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	15,836	0		1.00
	TOTALS		0	15,836			
500.00	Grand Total: Decreases		1,519,811	30,888,148			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150090

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/29/2012 5:50 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	581,972	0	0	0	1.00
2.00	Land Improvements	8,783,253	63,233	0	63,233	2.00
3.00	Buildings and Fixtures	71,195,909	0	0	0	3.00
4.00	Building Improvements	1,825,849	0	0	0	4.00
5.00	Fixed Equipment	116,201,060	0	0	0	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	198,588,043	63,233	0	63,233	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	198,588,043	63,233	0	63,233	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	8,721,113	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,721,113	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150090

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	581,972	0		1.00		
2.00	Land Improvements	8,846,486	0		2.00		
3.00	Buildings and Fixtures	69,673,984	0		3.00		
4.00	Building Improvements	557,742	0		4.00		
5.00	Fixed Equipment	115,866,938	0		5.00		
6.00	Movable Equipment	0	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	195,527,122	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	195,527,122	0		10.00		
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	8,721,113		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	8,721,113		3.00		
<b>ALLOCATION OF OTHER CAPITAL</b>							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,612,002	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,092,063	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,704,065	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150090

Period:  
From 01/01/2011  
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Worksheet A-7  
Parts I-III  
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	529,940	0	0	0	5,141,942	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,092,063	2.00
3.00	Total (sum of lines 1-2)	529,940	0	0	0	10,234,005	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150090

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)	B	-5,694	INTEREST EXPENSE	113.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-454,122	CENTRAL SERVICES & SUPPLY	14.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00 7.00
8.00 Television and radio service (chapter 21)		0		0.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-1,761,666		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	5,474,750		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-435,172	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients		0		0.00 17.00
18.00 Sale of medical records and abstracts	B	-8,669	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines	B	-13,858	DIETARY	10.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant			0	0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00 RENTAL INCOME	B	-5,909	OTHER ADMINISTRATIVE AND GENERAL	5.04 33.00
34.00 MISC INCOME	B	-1,416	OTHER ADMINISTRATIVE AND GENERAL	5.04 34.00
35.00 DIETETIC INSTRUCTION	B	-2,194	DIETARY	10.00 35.00
36.00 SPECIAL FUNCTIONS	B	-68,120	DIETARY	10.00 36.00
37.00 FOOD SUPPLEMENTS	B	-210,356	DIETARY	10.00 37.00
38.00 ADVERTISING EXPENSE	A	-1,032,513	OTHER ADMINISTRATIVE AND GENERAL	5.04 38.00
39.00 MISCELLANEOUS- OTHER OPERATING	B	-140	OTHER ADMINISTRATIVE AND GENERAL	5.04 39.00
40.00 SHARED SERVICES- HR	A	420,191	EMPLOYEE BENEFITS	4.00 40.00
41.00 SHARED SERVICES- RECEIVING & STORES	A	222,666	OTHER ADMINISTRATIVE AND GENERAL	5.04 41.00
42.00 SHARED SERVICES- A&G	A	4,166,940	OTHER ADMINISTRATIVE AND GENERAL	5.04 42.00
43.00 SHARED SERVICES- LAUNDRY	A	260,210	LAUNDRY & LINEN SERVICE	8.00 43.00
44.00 SHARED SERVICES- PUBLIC RELATIONS	A	-899,816	OTHER ADMINISTRATIVE AND GENERAL	5.04 44.00
45.00 UNECESSARY BORROWING	A	-711,727	INTEREST EXPENSE	113.00 45.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150090

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	
46.00 PROGRAM FEES	B	-30	PHYSICAL THERAPY	66.00	46.00
47.00 UNCLAIMED PROPERTY RECEIPTS	B	-154	INTEREST EXPENSE	113.00	47.00
48.00 MISCELLANEOUS- OTHER OPERATION	B	-560	BARIATRIC CLINIC	76.05	48.00
49.00 LOBBYING EXPENSE	A	-22,039	OTHER ADMINISTRATIVE AND GENERAL	5.04	49.00
49.01		0		0.00	49.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		4,910,602			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150090

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

Worksheet A-8

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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	RENTAL INCOME	0	33.00
34.00	MI SC INCOME	0	34.00
35.00	DI ETET I C I N S T R U C T I O N	0	35.00
36.00	SPECIAL FUNCTIONS	0	36.00
37.00	FOOD SUPPLEMENTS	0	37.00
38.00	ADVERTISING EXPENSE	0	38.00
39.00	MI SC ELLANEOUS- OTHER OPERATING	0	39.00
40.00	SHARED SERVICES- HR	0	40.00
41.00	SHARED SERVICES- RECEIVING & STORES	0	41.00
42.00	SHARED SERVICES- A&G	0	42.00
43.00	SHARED SERVICES- LAUNDRY	0	43.00
44.00	SHARED SERVICES- PUBLIC RELATIONS	0	44.00
45.00	UNNECESSARY BORROWING	0	45.00
46.00	PROGRAM FEES	0	46.00
47.00	UNCLAIMED PROPERTY RECEIPTS	0	47.00
48.00	MI SC ELLANEOUS- OTHER OPERATION	0	48.00
49.00	LOBBYING EXPENSE	0	49.00
49.01		0	49.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME

Provider CCN: 150090

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

Worksheet A-8-1

OFFICE COSTS

Date/Time Prepared: 5/29/2012 5:50 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	1.00
2.00	5.03	PATIENT ACCOUNTING	PATIENT ACCOUNTING	2.00
3.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE & GENERAL	3.00
4.00	15.00	PHARMACY	COEP / PHARMACY	4.00
4.01	113.00	INTEREST EXPENSE	INTEREST	4.01
4.02	192.00	PHYSICIANS' PRIVATE OFFICES	ABO/FPN	4.02
4.03	5.04	OTHER ADMINISTRATIVE AND GENERAL	PURCHASED SERVICES OTHER	4.03
4.04	10.00	DIETARY	NUTRITION SERVICES	4.04
4.05	14.00	CENTRAL SERVICES & SUPPLY	SPD	4.05
4.06	15.00	PHARMACY	PHARMACY	4.06
4.07	30.00	ADULTS & PEDIATRICS	NEPHROLOGY	4.07
4.08	50.00	OPERATING ROOM	OPERATING ROOM	4.08
4.09	50.00	OPERATING ROOM	ORTHOPEDICS	4.09
4.10	50.01	OUTPATIENT SURGERY	ENDOSCOPY	4.10
4.11	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY DIAGNOSTIC	4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC	COMPUTED TOMOGRAPHY	4.12
4.13	54.00	RADIOLOGY-DIAGNOSTIC	MRI	4.13
4.14	54.01	RADIOLOGY-SPECIAL PROCEDURES	SPECIAL PROCEDURES	4.14
4.15	55.00	RADIOLOGY-THERAPEUTIC	RADIATION ONCOLOGY	4.15
4.16	56.00	RADIOISOTOPE	NUCLEAR MEDICINE	4.16
4.17	60.00	LABORATORY	CHEMISTRY	4.17
4.18	60.00	LABORATORY	MICROBIOLOGY	4.18
4.19	60.00	LABORATORY	HISTOLOGY	4.19
4.20	60.00	LABORATORY	HEMATOLOGY	4.20
4.21	60.00	LABORATORY	HEMATOLOGY	4.21
4.22	63.00	BLOOD STORING, PROCESSING & TRANS.	BLOOD BANK	4.22
4.23	65.00	RESPIRATORY THERAPY	RESPIRATORY THERAPY	4.23
4.24	66.00	PHYSICAL THERAPY	REHAB UNIT THERAPY	4.24
4.25	66.00	PHYSICAL THERAPY	ACUTE THERAPY	4.25
4.26	69.00	ELECTROCARDIOLOGY	NON INVASIVE VASCULAR	4.26
4.27	69.00	ELECTROCARDIOLOGY	CARDIAC REHAB	4.27
4.28	70.00	ELECTROENCEPHALOGRAPHY	NEURO DIAGNOSTICS	4.28
4.29	76.00	ULTRASOUND	ULTRASOUND	4.29
4.30	76.00	ULTRASOUND	VASCULAR ULTRASOUND	4.30
4.31	91.00	EMERGENCY	EMERGENCY ROOM	4.31
4.32	41.00	SUBPROVIDER - IRF	REHABILITATION	4.32
4.33	41.00	SUBPROVIDER - IRF	REHAB UNIT OVERHEAD	4.33
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet A-8-1 Date/Time Prepared: 5/29/2012 5:50 pm
	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

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

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

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

Provider CCN: 150090

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2012 5:50 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	982,952	0	982,952	9	1.00
2.00	0	721,284	-721,284	0	2.00
3.00	6,749,737	3,357,980	3,391,757	0	3.00
4.00	243,401	263,340	-19,939	0	4.00
4.01	1,038,925	2,671,590	-1,632,665	0	4.01
4.02	126,196	34,463	91,733	0	4.02
4.03	0	-8,565,828	8,565,828	0	4.03
4.04	0	33,054	-33,054	0	4.04
4.05	47,835	264,340	-216,505	0	4.05
4.06	352,999	1,416,831	-1,063,832	0	4.06
4.07	0	88,759	-88,759	0	4.07
4.08	1,619	3,656	-2,037	0	4.08
4.09	393	888	-495	0	4.09
4.10	6,506	9,395	-2,889	0	4.10
4.11	12,070	40,628	-28,558	0	4.11
4.12	16,289	54,828	-38,539	0	4.12
4.13	9,198	30,960	-21,762	0	4.13
4.14	5,306	17,858	-12,552	0	4.14
4.15	5,434	38,828	-33,394	0	4.15
4.16	1,595	4,916	-3,321	0	4.16
4.17	60,744	319,257	-258,513	0	4.17
4.18	5,736	30,147	-24,411	0	4.18
4.19	570	2,998	-2,428	0	4.19
4.20	35,522	186,694	-151,172	0	4.20
4.21	1,875	9,857	-7,982	0	4.21
4.22	12,548	42,771	-30,223	0	4.22
4.23	68,109	234,127	-166,018	0	4.23
4.24	1,893,769	2,960,236	-1,066,467	0	4.24
4.25	1,158	1,810	-652	0	4.25
4.26	2,164	15,816	-13,652	0	4.26
4.27	262	514	-252	0	4.27
4.28	2,299	7,093	-4,794	0	4.28
4.29	2,270	16,218	-13,948	0	4.29
4.30	4,016	28,693	-24,677	0	4.30
4.31	383	1,336	-953	0	4.31
4.32	0	2,703,320	-2,703,320	0	4.32
4.33	831,527	0	831,527	0	4.33
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	12,523,407	7,048,657	5,474,750	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	FRANCISCAN ALLI	100.00	HEALTHCARE SERV	6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet A-8-1 Date/Time Prepared: 5/29/2012 5:50 pm
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	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: 150090

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2012 5:50 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	15.00	PHARMACY	6,500	6,500	1.00
2.00	30.00	ADULTS & PEDIATRICS	488,115	488,115	2.00
3.00	50.00	OPERATING ROOM	273,015	273,015	3.00
4.00	50.00	OPERATING ROOM	33,840	0	4.00
5.00	65.00	RESPIRATORY THERAPY	13,200	0	5.00
6.00	66.00	PHYSICAL THERAPY	33,880	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	12,050	0	7.00
8.00	91.00	EMERGENCY	18,000	0	8.00
9.00	91.00	EMERGENCY	942,694	942,694	9.00
10.00	91.00	EMERGENCY	43,200	0	10.00
200.00			1,864,494	1,710,324	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150090

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2012 5:50 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	171,400	0	0	0	1.00
2.00	0	204,100	0	0	0	2.00
3.00	0	204,100	0	0	0	3.00
4.00	33,840	204,100	167	16,387	819	4.00
5.00	13,200	171,400	81	6,675	334	5.00
6.00	33,880	171,400	308	25,380	1,269	6.00
7.00	12,050	171,400	120	9,888	494	7.00
8.00	18,000	171,400	180	14,833	742	8.00
9.00	0	171,400	0	0	0	9.00
10.00	43,200	171,400	360	29,665	1,483	10.00
200.00	154,170		1,216	102,828	5,141	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150090

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2012 5:50 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	16,387	4.00
5.00	0	0	0	0	6,675	5.00
6.00	0	0	0	0	25,380	6.00
7.00	0	0	0	0	9,888	7.00
8.00	0	0	0	0	14,833	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	29,665	10.00
200.00	0	0	0	0	102,828	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150090

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

Worksheet A-8-2  
Date/Time Prepared:  
5/29/2012 5:50 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	6,500	1.00
2.00	0	488,115	2.00
3.00	0	273,015	3.00
4.00	17,453	17,453	4.00
5.00	6,525	6,525	5.00
6.00	8,500	8,500	6.00
7.00	2,162	2,162	7.00
8.00	3,167	3,167	8.00
9.00	0	942,694	9.00
10.00	13,535	13,535	10.00
200.00	51,342	1,761,666	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2012 5:50 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	5,141,942	5,141,942				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	5,092,063		5,092,063			2.00
4.00 EMPLOYEE BENEFITS	14,660,645	17,413	3,055	14,681,113		4.00
5.01 COMMUNICATIONS	138,317	40,590	8,894	38,026	225,827	5.01
5.02 ADMITTING	1,032,142	43,850	2,897	295,292	3,689	5.02
5.03 PATIENT ACCOUNTING	2,324	9,402	1,633	0	26,230	5.03
5.04 OTHER ADMINISTRATIVE AND GENERAL	14,174,965	229,811	313,270	780,160	24,796	5.04
6.00 MAINTENANCE & REPAIRS	2,612,829	799,232	27,862	265,745	8,812	6.00
7.00 OPERATION OF PLANT	3,094,143	222,278	13,427	93,867	2,049	7.00
8.00 LAUNDRY & LINEN SERVICE	260,210	0	0	0	0	8.00
9.00 HOUSEKEEPING	1,375,002	58,093	1,133	356,034	0	9.00
10.00 DIETARY	511,103	65,926	18,513	106,691	2,254	10.00
11.00 CAFETERIA	406,717	63,333	0	111,493	3,689	11.00
13.00 NURSING ADMINISTRATION	421,823	5,574	0	128,355	2,254	13.00
14.00 CENTRAL SERVICES & SUPPLY	399,249	57,536	112,013	128,759	2,254	14.00
15.00 PHARMACY	2,477,087	42,916	567	484,608	5,943	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,014,448	54,365	3,931	126,548	28,897	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	613,002	0	0	0	1,844	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	8,216,535	1,078,959	515,675	2,561,507	14,140	30.00
31.00 INTENSIVE CARE UNIT	2,073,831	110,499	33,173	559,270	1,434	31.00
41.00 SUBPROVIDER - IRF	2,461,557	66,070	23,549	489,436	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	721,210	0	0	204,743	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	2,607,752	183,457	479,890	428,965	6,763	50.00
50.01 OUTPATIENT SURGERY	458,882	78,354	43,192	77,609	0	50.01
51.00 RECOVERY ROOM	1,093,983	140,119	42,025	318,599	1,639	51.00
53.00 ANESTHESIOLOGY	83,799	0	53,638	7,968	410	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,904,571	160,013	1,802,369	523,278	8,607	54.00
54.01 RADIOLOGY-SPECIAL PROCEDURES	729,490	0	303,510	22,758	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	591,630	125,420	740,659	129,378	0	55.00
56.00 RADIOISOTOPE	575,638	54,866	42,573	82,738	2,664	56.00
60.00 LABORATORY	4,381,286	87,434	5,007	0	7,787	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	542,362	31,500	0	0	0	63.00
65.00 RESPIRATORY THERAPY	1,066,097	23,811	43,870	266,227	2,254	65.00
66.00 PHYSICAL THERAPY	2,965,607	6,186	38,166	777,448	2,254	66.00
67.00 OCCUPATIONAL THERAPY	1,663,302	6,186	0	96,982	205	67.00
68.00 SPEECH PATHOLOGY	508,190	9,970	0	35,388	205	68.00
69.00 ELECTROCARDIOLOGY	661,665	48,702	52,528	173,797	4,508	69.00
70.00 ELECTROENCEPHALOGRAPHY	249,871	58,549	23,531	70,638	1,639	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,930,183	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	8,201,221	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	3,223,492	0	0	0	0	73.00
76.00 ULTRASOUND	368,000	25,469	82,150	94,645	0	76.00
76.01 PAIN CLINIC	416,779	1,869	18,675	122,997	410	76.01
76.02 CATH LAB	848,347	47,756	162,835	201,874	0	76.02
76.03 ACTIVITY THERAPY	1,517,039	63,489	163	467,180	1,434	76.03
76.04 WOUND CARE CENTER	231,406	0	2,648	67,864	1,639	76.04
76.05 BARIATRIC CLINIC	453,588	0	2,516	81,928	1,639	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 EMERGENCY	3,233,387	135,546	38,725	990,080	4,918	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	109,408,711	4,254,543	5,058,262	11,768,875	177,260	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	101,158	10,993	0	7,142	1,025	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	9,350,753	244,543	12,019	2,308,098	18,853	192.00
192.01 WORKING WELL	0	0	0	0	0	192.01
194.00 RESIDENTIAL	2,130,647	337,217	16,894	596,998	9,631	194.00
194.01 OMNI	0	0	0	0	0	194.01
194.02 PSYCHIATRIC	0	294,646	4,888	0	19,058	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	120,991,269	5,141,942	5,092,063	14,681,113	225,827	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2012 5:50 pm

Cost Center Description	ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.02	5.03	5A.03	5.04	6.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 ADMITTING	1,377,870					5.02
5.03 PATIENT ACCOUNTING	0	39,589				5.03
5.04 OTHER ADMINISTRATIVE AND GENERAL	0	0	15,523,002	15,523,002		5.04
6.00 MAINTENANCE & REPAIRS	0	0	3,714,480	546,705	4,261,185	6.00
7.00 OPERATION OF PLANT	0	0	3,425,764	504,211	236,695	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	260,210	38,298	0	8.00
9.00 HOUSEKEEPING	0	0	1,790,262	263,494	61,860	9.00
10.00 DIETARY	0	0	704,487	103,688	70,202	10.00
11.00 CAFETERIA	0	0	585,232	86,136	67,441	11.00
13.00 NURSING ADMINISTRATION	0	0	558,006	82,128	5,936	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	699,811	103,000	61,268	14.00
15.00 PHARMACY	0	0	3,011,121	443,183	45,699	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	1,228,189	180,767	57,891	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	614,846	90,494	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	106,015	3,041	12,495,872	1,839,137	1,148,935	30.00
31.00 INTENSIVE CARE UNIT	23,018	660	2,801,885	412,387	117,666	31.00
41.00 SUBPROVIDER - IRF	30,539	876	3,072,027	452,147	70,356	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,905	55	927,913	136,572	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	64,068	1,837	3,772,732	555,278	195,356	50.00
50.01 OUTPATIENT SURGERY	23,218	666	681,921	100,366	83,436	50.01
51.00 RECOVERY ROOM	14,976	430	1,611,771	237,224	149,207	51.00
53.00 ANESTHESIOLOGY	17,813	511	164,139	24,158	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	157,464	4,516	5,560,818	818,452	170,391	54.00
54.01 RADIOLOGY-SPECIAL PROCEDURES	8,493	244	1,064,495	156,675	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	20,395	585	1,608,067	236,679	133,555	55.00
56.00 RADIO SOTOPE	26,500	760	785,739	115,647	58,424	56.00
60.00 LABORATORY	155,854	4,470	4,641,838	683,195	93,105	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	9,923	285	584,070	85,965	33,543	63.00
65.00 RESPIRATORY THERAPY	27,473	788	1,430,520	210,547	25,356	65.00
66.00 PHYSICAL THERAPY	54,156	1,553	3,845,370	565,969	6,588	66.00
67.00 OCCUPATIONAL THERAPY	7,219	207	1,774,101	261,116	6,588	67.00
68.00 SPEECH PATHOLOGY	3,582	103	557,438	82,045	10,616	68.00
69.00 ELECTROCARDIOLOGY	34,593	992	976,785	143,765	51,860	69.00
70.00 ELECTROENCEPHALOGRAPHY	9,958	286	414,472	61,003	62,346	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	117,280	3,364	3,050,827	449,027	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	72,792	2,088	8,276,101	1,218,093	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	167,494	4,873	3,395,859	499,809	0	73.00
76.00 ULTRASOUND	24,063	690	595,017	87,576	27,121	76.00
76.01 PAIN CLINIC	11,430	328	572,488	84,260	1,991	76.01
76.02 CATH LAB	78,936	2,264	1,342,012	197,520	50,853	76.02
76.03 ACTIVITY THERAPY	14,658	420	2,064,383	303,840	67,607	76.03
76.04 WOUND CARE CENTER	3,603	103	307,263	45,224	0	76.04
76.05 BARIATRIC CLINIC	1,368	39	541,078	79,637	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 EMERGENCY	89,084	2,555	4,494,295	661,479	144,337	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,377,870	39,589	105,526,706	13,246,896	3,316,229	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	120,318	17,709	11,706	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	11,934,266	1,756,509	260,404	192.00
192.01 WORKING WELL	0	0	0	0	0	192.01
194.00 RESIDENTIAL	0	0	3,091,387	454,997	359,089	194.00
194.01 OMNI	0	0	0	0	0	194.01
194.02 PSYCHIATRIC	0	0	318,592	46,891	313,757	194.02
200.00 Cross Foot Adjustments			0			200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,377,870	39,589	120,991,269	15,523,002	4,261,185	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2012 5:50 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	ADMINISTRATIVE						5.02
5.03	PATIENT ACCOUNTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT	4,166,670					7.00
8.00	LAUNDRY & LINEN SERVICE	0	298,508				8.00
9.00	HOUSEKEEPING	64,046	0	2,179,662			9.00
10.00	DIETARY	72,682	0	38,615	989,674		10.00
11.00	CAFETERIA	69,824	0	37,096	0	845,729	11.00
13.00	NURSING ADMINISTRATION	6,146	0	3,265	0	5,367	13.00
14.00	CENTRAL SERVICES & SUPPLY	63,432	0	33,701	0	15,304	14.00
15.00	PHARMACY	47,314	0	25,137	0	20,118	15.00
16.00	MEDICAL RECORDS & LIBRARY	59,936	0	31,843	0	10,454	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,189,529	221,120	631,979	733,100	173,412	30.00
31.00	INTENSIVE CARE UNIT	121,823	18,288	64,723	60,634	32,096	31.00
41.00	SUBPROVIDER - IRF	72,841	0	38,699	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	202,258	0	107,456	0	32,707	50.00
50.01	OUTPATIENT SURGERY	86,384	0	45,894	0	7,007	50.01
51.00	RECOVERY ROOM	154,478	0	82,072	0	18,214	51.00
53.00	ANESTHESIOLOGY	0	0	0	0	995	53.00
54.00	RADIOLOGY-DIAGNOSTIC	176,411	0	93,725	0	35,097	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	13,494	54.01
55.00	RADIOLOGY-THERAPEUTIC	138,273	0	73,462	0	6,123	55.00
56.00	RADIOISOTOPE	60,488	0	32,137	0	4,631	56.00
60.00	LABORATORY	96,394	0	51,213	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	34,728	0	18,450	0	0	63.00
65.00	RESPIRATORY THERAPY	26,251	0	13,947	0	16,366	65.00
66.00	PHYSICAL THERAPY	6,820	0	3,624	0	44,524	66.00
67.00	OCCUPATIONAL THERAPY	6,820	0	3,624	0	0	67.00
68.00	SPEECH PATHOLOGY	10,991	0	5,839	0	0	68.00
69.00	ELECTROCARDIOLOGY	53,692	0	28,526	0	13,974	69.00
70.00	ELECTROENCEPHALOGRAPHY	64,549	0	34,294	0	4,363	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	ULTRASOUND	28,079	0	14,918	0	6,466	76.00
76.01	PAIN CLINIC	2,061	0	1,095	0	5,837	76.01
76.02	CATH LAB	52,650	0	27,972	0	18,729	76.02
76.03	ACTIVITY THERAPY	69,995	0	37,187	0	29,385	76.03
76.04	WOUND CARE CENTER	0	0	0	0	3,655	76.04
76.05	BARITRIC CLINIC	0	0	0	0	4,556	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	EMERGENCY	149,436	0	79,393	0	51,651	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,188,331	239,408	1,659,886	793,734	574,525	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,120	0	6,439	0	1,154	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	269,603	0	143,236	0	173,076	192.00
192.01	WORKING WELL	0	0	0	0	0	192.01
194.00	RESIDENTIAL	371,775	0	197,518	0	47,070	194.00
194.01	OMNI	0	0	0	0	0	194.01
194.02	PSYCHIATRIC	324,841	59,100	172,583	195,940	49,904	194.02
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)	4,166,670	298,508	2,179,662	989,674	845,729	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150090		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/29/2012 5:50 pm	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	ADMINISTRATION						5.02
5.03	PATIENT ACCOUNTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION	660,848					13.00
14.00	CENTRAL SERVICES & SUPPLY	21,565	998,081				14.00
15.00	PHARMACY	0	1,292	3,593,864			15.00
16.00	MEDICAL RECORDS & LIBRARY	4,406	154	0	1,573,640		16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	309,227	24,119	606	121,057	0	30.00
31.00	INTENSIVE CARE UNIT	63,705	4,973	144	26,284	0	31.00
41.00	SUBPROVIDER - IRF	0	3,115	468	34,872	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	2,175	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	64,927	18,542	701	73,157	0	50.00
50.01	OUTPATIENT SURGERY	1,096	2,292	2,257	26,512	0	50.01
51.00	RECOVERY ROOM	36,153	1,660	92	17,101	0	51.00
53.00	ANESTHESIOLOGY	1,982	2,734	17	20,340	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	9,652	382	179,804	0	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	0	1,706	103	9,698	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	645	34	23,288	0	55.00
56.00	RADIOISOTOPE	0	0	224,728	30,259	0	56.00
60.00	LABORATORY	0	0	0	177,966	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,331	0	63.00
65.00	RESPIRATORY THERAPY	0	745	161	31,371	0	65.00
66.00	PHYSICAL THERAPY	0	935	0	61,840	0	66.00
67.00	OCCUPATIONAL THERAPY	0	115	0	8,243	0	67.00
68.00	SPEECH PATHOLOGY	0	112	0	4,090	0	68.00
69.00	ELECTROCARDIOLOGY	27,742	1,030	0	39,501	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	3,794	656	0	11,371	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	266,185	0	133,919	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	637,725	0	83,119	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	3,358,283	191,541	0	73.00
76.00	ULTRASOUND	0	633	7	27,477	0	76.00
76.01	PAIN CLINIC	0	960	172	13,052	0	76.01
76.02	CATH LAB	37,165	11,292	476	90,136	0	76.02
76.03	ACTIVITY THERAPY	0	0	0	16,737	0	76.03
76.04	WOUND CARE CENTER	0	653	2,420	4,114	0	76.04
76.05	BARITRIC CLINIC	0	170	120	1,562	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	EMERGENCY	89,086	5,986	2,693	101,723	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	660,848	998,081	3,593,864	1,573,640	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	WORKING WELL	0	0	0	0	0	192.01
194.00	RESIDENTIAL	0	0	0	0	0	194.00
194.01	OMNI	0	0	0	0	0	194.01
194.02	PSYCHIATRIC	0	0	0	0	0	194.02
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)	660,848	998,081	3,593,864	1,573,640	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2012 5:50 pm

Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS				
	22.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 COMMUNICATIONS					5.01
5.02 ADMINISTRATION					5.02
5.03 PATIENT ACCOUNTING					5.03
5.04 OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	705,340				22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	678,623	19,566,716	-678,623	18,888,093	30.00
31.00 INTENSIVE CARE UNIT	0	3,724,608	0	3,724,608	31.00
41.00 SUBPROVIDER - IRF	0	3,744,525	0	3,744,525	41.00
42.00 SUBPROVIDER	0	0	0	0	42.00
43.00 NURSERY	0	1,066,660	0	1,066,660	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	9,351	5,032,465	-9,351	5,023,114	50.00
50.01 OUTPATIENT SURGERY	0	1,037,165	0	1,037,165	50.01
51.00 RECOVERY ROOM	0	2,307,972	0	2,307,972	51.00
53.00 ANESTHESIOLOGY	0	214,365	0	214,365	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	7,044,732	0	7,044,732	54.00
54.01 RADIOLOGY-SPECIAL PROCEDURES	0	1,246,171	0	1,246,171	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	2,220,126	0	2,220,126	55.00
56.00 RADIOISOTOPE	0	1,312,053	0	1,312,053	56.00
60.00 LABORATORY	0	5,743,711	0	5,743,711	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	768,087	0	768,087	63.00
65.00 RESPIRATORY THERAPY	0	1,755,264	0	1,755,264	65.00
66.00 PHYSICAL THERAPY	0	4,535,670	0	4,535,670	66.00
67.00 OCCUPATIONAL THERAPY	0	2,060,607	0	2,060,607	67.00
68.00 SPEECH PATHOLOGY	0	671,131	0	671,131	68.00
69.00 ELECTROCARDIOLOGY	0	1,336,875	0	1,336,875	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	656,848	0	656,848	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,899,958	0	3,899,958	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	10,215,038	0	10,215,038	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	7,445,492	0	7,445,492	73.00
76.00 ULTRASOUND	0	787,294	0	787,294	76.00
76.01 PAIN CLINIC	0	681,916	0	681,916	76.01
76.02 CATH LAB	0	1,828,805	0	1,828,805	76.02
76.03 ACTIVITY THERAPY	0	2,589,134	0	2,589,134	76.03
76.04 WOUND CARE CENTER	0	363,329	0	363,329	76.04
76.05 BARIATRIC CLINIC	0	627,123	0	627,123	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 EMERGENCY	17,366	5,797,445	-17,366	5,780,079	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	705,340	100,281,285	-705,340	99,575,945	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	169,446	0	169,446	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	14,537,094	0	14,537,094	192.00
192.01 WORKING WELL	0	0	0	0	192.01
194.00 RESIDENTIAL	0	4,521,836	0	4,521,836	194.00
194.01 OMNI	0	0	0	0	194.01
194.02 PSYCHIATRIC	0	1,481,608	0	1,481,608	194.02
200.00 Cross Foot Adjustments	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	705,340	120,991,269	-705,340	120,285,929	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/29/2012 5:50 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS
		NEW BLDG & FIXT	NEW MVBLE EQUIP		
	0	1.00	2.00	2A	4.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS	0	17,413	3,055	20,468
5.01	COMMUNICATIONS	0	40,590	8,894	49,484
5.02	ADMITTING	0	43,850	2,897	46,747
5.03	PATIENT ACCOUNTING	0	9,402	1,633	11,035
5.04	OTHER ADMINISTRATIVE AND GENERAL	0	229,811	313,270	543,081
6.00	MAINTENANCE & REPAIRS	0	799,232	27,862	827,094
7.00	OPERATION OF PLANT	0	222,278	13,427	235,705
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0
9.00	HOUSEKEEPING	0	58,093	1,133	59,226
10.00	DIETARY	0	65,926	18,513	84,439
11.00	CAFETERIA	0	63,333	0	63,333
13.00	NURSING ADMINISTRATION	0	5,574	0	5,574
14.00	CENTRAL SERVICES & SUPPLY	0	57,536	112,013	169,549
15.00	PHARMACY	0	42,916	567	43,483
16.00	MEDICAL RECORDS & LIBRARY	0	54,365	3,931	58,296
17.00	SOCIAL SERVICE	0	0	0	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS	0	1,078,959	515,675	1,594,634
31.00	INTENSIVE CARE UNIT	0	110,499	33,173	143,672
41.00	SUBPROVIDER - IRF	0	66,070	23,549	89,619
42.00	SUBPROVIDER	0	0	0	0
43.00	NURSERY	0	0	0	286
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0	183,457	479,890	663,347
50.01	OUTPATIENT SURGERY	0	78,354	43,192	121,546
51.00	RECOVERY ROOM	0	140,119	42,025	182,144
53.00	ANESTHESIOLOGY	0	0	53,638	53,638
54.00	RADIOLOGY-DIAGNOSTIC	0	160,013	1,802,369	1,962,382
54.01	RADIOLOGY-SPECIAL PROCEDURES	0	0	303,510	303,510
55.00	RADIOLOGY-THERAPEUTIC	0	125,420	740,659	866,079
56.00	RADIOISOTOPE	0	54,866	42,573	97,439
60.00	LABORATORY	0	87,434	5,007	92,441
63.00	BLOOD STORING, PROCESSING & TRANS.	0	31,500	0	31,500
65.00	RESPIRATORY THERAPY	0	23,811	43,870	67,681
66.00	PHYSICAL THERAPY	0	6,186	38,166	44,352
67.00	OCCUPATIONAL THERAPY	0	6,186	0	6,186
68.00	SPEECH PATHOLOGY	0	9,970	0	9,970
69.00	ELECTROCARDIOLOGY	0	48,702	52,528	101,230
70.00	ELECTROENCEPHALOGRAPHY	0	58,549	23,531	82,080
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0
76.00	ULTRASOUND	0	25,469	82,150	107,619
76.01	PAIN CLINIC	0	1,869	18,675	20,544
76.02	CATH LAB	0	47,756	162,835	210,591
76.03	ACTIVITY THERAPY	0	63,489	163	63,652
76.04	WOUND CARE CENTER	0	0	2,648	2,648
76.05	BARITRIC CLINIC	0	0	2,516	2,516
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	EMERGENCY	0	135,546	38,725	174,271
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	4,254,543	5,058,262	9,312,805
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,993	0	10,993
192.00	PHYSICIANS' PRIVATE OFFICES	0	244,543	12,019	256,562
192.01	WORKING WELL	0	0	0	0
194.00	RESIDENTIAL	0	337,217	16,894	354,111
194.01	OMNI	0	0	0	0
194.02	PSYCHIATRIC	0	294,646	4,888	299,534
200.00	Cross Foot Adjustments				0
201.00	Negative Cost Centers				0
202.00	TOTAL (sum lines 118-201)	0	5,141,942	5,092,063	10,234,005

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150090		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 5:50 pm	
Cost Center Description	COMMUNICATIONS	ADMITTING	PATIENT ACCOUNTING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS		
	5.01	5.02	5.03	5.04	6.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS	49,537					5.01
5.02	ADMITTING	809	47,968				5.02
5.03	PATIENT ACCOUNTING	5,754	0	16,789			5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	5,439	0	0	549,608		5.04
6.00	MAINTENANCE & REPAIRS	1,933	0	0	19,356	848,754	6.00
7.00	OPERATION OF PLANT	450	0	0	17,852	47,146	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	1,356	0	8.00
9.00	HOUSEKEEPING	0	0	0	9,329	12,322	9.00
10.00	DIETARY	494	0	0	3,671	13,983	10.00
11.00	CAFETERIA	809	0	0	3,050	13,433	11.00
13.00	NURSING ADMINISTRATION	494	0	0	2,908	1,182	13.00
14.00	CENTRAL SERVICES & SUPPLY	494	0	0	3,647	12,204	14.00
15.00	PHARMACY	1,304	0	0	15,691	9,102	15.00
16.00	MEDICAL RECORDS & LIBRARY	6,336	0	0	6,400	11,531	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	405	0	0	3,204	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	3,102	3,686	1,292	65,129	228,848	30.00
31.00	INTENSIVE CARE UNIT	315	800	280	14,601	23,437	31.00
41.00	SUBPROVIDER - IRF	0	1,062	372	16,008	14,014	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	66	23	4,835	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,483	2,228	781	19,660	38,912	50.00
50.01	OUTPATIENT SURGERY	0	807	283	3,553	16,619	50.01
51.00	RECOVERY ROOM	360	521	182	8,399	29,719	51.00
53.00	ANESTHESIOLOGY	90	619	217	855	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,888	5,475	1,918	28,977	33,939	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	0	295	103	5,547	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	709	248	8,380	26,602	55.00
56.00	RADIOISOTOPE	584	921	323	4,094	11,637	56.00
60.00	LABORATORY	1,708	5,419	1,899	24,189	18,545	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	345	121	3,044	6,681	63.00
65.00	RESPIRATORY THERAPY	494	955	335	7,454	5,050	65.00
66.00	PHYSICAL THERAPY	494	1,883	660	20,038	1,312	66.00
67.00	OCCUPATIONAL THERAPY	45	251	88	9,245	1,312	67.00
68.00	SPEECH PATHOLOGY	45	125	44	2,905	2,115	68.00
69.00	ELECTROCARDIOLOGY	989	1,203	421	5,090	10,330	69.00
70.00	ELECTROENCEPHALOGRAPHY	360	346	121	2,160	12,418	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,078	1,429	15,898	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	2,531	887	43,127	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,883	2,043	17,696	0	73.00
76.00	ULTRASOUND	0	837	293	3,101	5,402	76.00
76.01	PAIN CLINIC	90	397	139	2,983	396	76.01
76.02	CATH LAB	0	2,745	962	6,993	10,129	76.02
76.03	ACTIVITY THERAPY	315	510	179	10,757	13,466	76.03
76.04	WOUND CARE CENTER	360	125	44	1,601	0	76.04
76.05	BARITRIC CLINIC	360	48	17	2,820	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	EMERGENCY	1,079	3,098	1,085	23,420	28,749	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	38,882	47,968	16,789	469,023	660,535	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	225	0	0	627	2,332	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	4,136	0	0	62,189	51,868	192.00
192.01	WORKING WELL	0	0	0	0	0	192.01
194.00	RESIDENTIAL	2,113	0	0	16,109	71,524	194.00
194.01	OMNI	0	0	0	0	0	194.01
194.02	PSYCHIATRIC	4,181	0	0	1,660	62,495	194.02
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)	49,537	47,968	16,789	549,608	848,754	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150090		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 5:50 pm	
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	ADMINISTRATIVE						5.02
5.03	PATIENT ACCOUNTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT	301,284					7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,356				8.00
9.00	HOUSEKEEPING	4,631	0	86,005			9.00
10.00	DIETARY	5,255	0	1,524	109,515		10.00
11.00	CAFETERIA	5,049	0	1,464	0	87,294	11.00
13.00	NURSING ADMINISTRATION	444	0	129	0	554	13.00
14.00	CENTRAL SERVICES & SUPPLY	4,587	0	1,330	0	1,580	14.00
15.00	PHARMACY	3,421	0	992	0	2,077	15.00
16.00	MEDICAL RECORDS & LIBRARY	4,334	0	1,256	0	1,079	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	86,015	1,004	24,935	81,123	17,901	30.00
31.00	INTENSIVE CARE UNIT	8,809	83	2,554	6,710	3,313	31.00
41.00	SUBPROVIDER - IRF	5,267	0	1,527	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	14,625	0	4,240	0	3,376	50.00
50.01	OUTPATIENT SURGERY	6,246	0	1,811	0	723	50.01
51.00	RECOVERY ROOM	11,170	0	3,238	0	1,880	51.00
53.00	ANESTHESIOLOGY	0	0	0	0	103	53.00
54.00	RADIOLOGY-DIAGNOSTIC	12,756	0	3,698	0	3,623	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	1,393	54.01
55.00	RADIOLOGY-THERAPEUTIC	9,998	0	2,899	0	632	55.00
56.00	RADIOISOTOPE	4,374	0	1,268	0	478	56.00
60.00	LABORATORY	6,970	0	2,021	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	2,511	0	728	0	0	63.00
65.00	RESPIRATORY THERAPY	1,898	0	550	0	1,689	65.00
66.00	PHYSICAL THERAPY	493	0	143	0	4,596	66.00
67.00	OCCUPATIONAL THERAPY	493	0	143	0	0	67.00
68.00	SPEECH PATHOLOGY	795	0	230	0	0	68.00
69.00	ELECTROCARDIOLOGY	3,882	0	1,126	0	1,442	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,667	0	1,353	0	450	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	ULTRASOUND	2,030	0	589	0	667	76.00
76.01	PAIN CLINIC	149	0	43	0	602	76.01
76.02	CATH LAB	3,807	0	1,104	0	1,933	76.02
76.03	ACTIVITY THERAPY	5,061	0	1,467	0	3,033	76.03
76.04	WOUND CARE CENTER	0	0	0	0	377	76.04
76.05	BARITRIC CLINIC	0	0	0	0	470	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	EMERGENCY	10,805	0	3,133	0	5,331	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	230,542	1,087	65,495	87,833	59,302	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	876	0	254	0	119	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19,495	0	5,652	0	17,864	192.00
192.01	WORKING WELL	0	0	0	0	0	192.01
194.00	RESIDENTIAL	26,882	0	7,794	0	4,858	194.00
194.01	OMNI	0	0	0	0	0	194.01
194.02	PSYCHIATRIC	23,489	269	6,810	21,682	5,151	194.02
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)	301,284	1,356	86,005	109,515	87,294	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150090		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 5:50 pm	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	ADMINISTRATION						5.02
5.03	PATIENT ACCOUNTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION	11,464					13.00
14.00	CENTRAL SERVICES & SUPPLY	374	193,945				14.00
15.00	PHARMACY	0	251	76,997			15.00
16.00	MEDICAL RECORDS & LIBRARY	76	30	0	89,515		16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	5,366	4,687	13	6,888	0	30.00
31.00	INTENSIVE CARE UNIT	1,105	966	3	1,496	0	31.00
41.00	SUBPROVIDER - IRF	0	605	10	1,984	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	124	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,126	3,603	15	4,163	0	50.00
50.01	OUTPATIENT SURGERY	19	445	48	1,509	0	50.01
51.00	RECOVERY ROOM	627	323	2	973	0	51.00
53.00	ANESTHESIOLOGY	34	531	0	1,157	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,876	8	10,231	0	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	0	331	2	552	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	125	1	1,325	0	55.00
56.00	RADIOISOTOPE	0	0	4,815	1,722	0	56.00
60.00	LABORATORY	0	0	0	10,127	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	645	0	63.00
65.00	RESPIRATORY THERAPY	0	145	3	1,785	0	65.00
66.00	PHYSICAL THERAPY	0	182	0	3,519	0	66.00
67.00	OCCUPATIONAL THERAPY	0	22	0	469	0	67.00
68.00	SPEECH PATHOLOGY	0	22	0	233	0	68.00
69.00	ELECTROCARDIOLOGY	481	200	0	2,248	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	66	127	0	647	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,724	0	7,620	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	123,923	0	4,730	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	71,950	10,870	0	73.00
76.00	ULTRASOUND	0	123	0	1,563	0	76.00
76.01	PAIN CLINIC	0	187	4	743	0	76.01
76.02	CATH LAB	645	2,194	10	5,129	0	76.02
76.03	ACTIVITY THERAPY	0	0	0	952	0	76.03
76.04	WOUND CARE CENTER	0	127	52	234	0	76.04
76.05	BARITRIC CLINIC	0	33	3	89	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	EMERGENCY	1,545	1,163	58	5,788	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	11,464	193,945	76,997	89,515	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	WORKING WELL	0	0	0	0	0	192.01
194.00	RESIDENTIAL	0	0	0	0	0	194.00
194.01	OMNI	0	0	0	0	0	194.01
194.02	PSYCHIATRIC	0	0	0	0	0	194.02
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)	11,464	193,945	76,997	89,515	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150090

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2012 5:50 pm

Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS				
	22.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 COMMUNICATIONS					5.01
5.02 ADMINISTRATION					5.02
5.03 PATIENT ACCOUNTING					5.03
5.04 OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,609				22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS		2,128,185	0	2,128,185	30.00
31.00 INTENSIVE CARE UNIT		208,924	0	208,924	31.00
41.00 SUBPROVIDER - IRF		131,151	0	131,151	41.00
42.00 SUBPROVIDER		0	0	0	42.00
43.00 NURSERY		5,334	0	5,334	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM		758,157	0	758,157	50.00
50.01 OUTPATIENT SURGERY		153,717	0	153,717	50.01
51.00 RECOVERY ROOM		239,982	0	239,982	51.00
53.00 ANESTHESIOLOGY		57,255	0	57,255	53.00
54.00 RADIOLOGY-DIAGNOSTIC		2,067,501	0	2,067,501	54.00
54.01 RADIOLOGY-SPECIAL PROCEDURES		311,765	0	311,765	54.01
55.00 RADIOLOGY-THERAPEUTIC		917,178	0	917,178	55.00
56.00 RADIOISOTOPE		127,770	0	127,770	56.00
60.00 LABORATORY		163,319	0	163,319	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.		45,575	0	45,575	63.00
65.00 RESPIRATORY THERAPY		88,410	0	88,410	65.00
66.00 PHYSICAL THERAPY		78,756	0	78,756	66.00
67.00 OCCUPATIONAL THERAPY		18,389	0	18,389	67.00
68.00 SPEECH PATHOLOGY		16,533	0	16,533	68.00
69.00 ELECTROCARDIOLOGY		128,884	0	128,884	69.00
70.00 ELECTROENCEPHALOGRAPHY		104,894	0	104,894	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS		80,749	0	80,749	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS		175,198	0	175,198	72.00
73.00 DRUGS CHARGED TO PATIENTS		108,442	0	108,442	73.00
76.00 ULTRASOUND		122,356	0	122,356	76.00
76.01 PAIN CLINIC		26,449	0	26,449	76.01
76.02 CATH LAB		246,524	0	246,524	76.02
76.03 ACTIVITY THERAPY		100,044	0	100,044	76.03
76.04 WOUND CARE CENTER		5,663	0	5,663	76.04
76.05 BARIATRIC CLINIC		6,470	0	6,470	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 EMERGENCY		260,906	0	260,906	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	8,884,480	0	8,884,480	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN		15,436	0	15,436	190.00
192.00 PHYSICIANS' PRIVATE OFFICES		420,985	0	420,985	192.00
192.01 WORKING WELL		0	0	0	192.01
194.00 RESIDENTIAL		484,224	0	484,224	194.00
194.01 OMNI		0	0	0	194.01
194.02 PSYCHIATRIC		425,271	0	425,271	194.02
200.00 Cross Foot Adjustments	3,609	3,609	0	3,609	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,609	10,234,005	0	10,234,005	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2012 5:50 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	ADMITTING (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	462,126					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		4,672,483				2.00
4.00 EMPLOYEE BENEFITS	1,565	2,803	47,292,147			4.00
5.01 COMMUNICATIONS	3,648	8,161	122,492	1,102		5.01
5.02 ADMITTING	3,941	2,658	951,224	18	349,755,629	5.02
5.03 PATIENT ACCOUNTING	845	1,498	0	128	0	5.03
5.04 OTHER ADMINISTRATIVE AND GENERAL	20,654	287,457	2,513,128	121	0	5.04
6.00 MAINTENANCE & REPAIRS	71,830	25,566	856,045	43	0	6.00
7.00 OPERATION OF PLANT	19,977	12,321	302,375	10	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	5,221	1,040	1,146,892	0	0	9.00
10.00 DIETARY	5,925	16,988	343,684	11	0	10.00
11.00 CAFETERIA	5,692	0	359,151	18	0	11.00
13.00 NURSING ADMINISTRATION	501	0	413,470	11	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	5,171	102,783	414,770	11	0	14.00
15.00 PHARMACY	3,857	520	1,561,066	29	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,886	3,607	407,649	141	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	9	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	96,970	473,184	8,251,293	69	26,907,427	30.00
31.00 INTENSIVE CARE UNIT	9,931	30,440	1,801,576	7	5,842,106	31.00
41.00 SUBPROVIDER - IRF	5,938	21,609	1,576,617	0	7,751,042	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	659,538	0	483,534	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	16,488	440,348	1,381,824	33	16,260,794	50.00
50.01 OUTPATIENT SURGERY	7,042	39,633	250,001	0	5,892,818	50.01
51.00 RECOVERY ROOM	12,593	38,562	1,026,303	8	3,801,142	51.00
53.00 ANESTHESIOLOGY	0	49,218	25,666	2	4,521,053	53.00
54.00 RADIOLOGY-DIAGNOSTIC	14,381	1,653,855	1,685,633	42	39,965,423	54.00
54.01 RADIOLOGY-SPECIAL PROCEDURES	0	278,501	73,310	0	2,155,690	54.01
55.00 RADIOLOGY-THERAPEUTIC	11,272	679,630	416,765	0	5,176,320	55.00
56.00 RADIOISOTOPE	4,931	39,065	266,524	13	6,725,771	56.00
60.00 LABORATORY	7,858	4,594	0	38	39,556,808	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	2,831	0	0	0	2,518,452	63.00
65.00 RESPIRATORY THERAPY	2,140	40,255	857,597	11	6,972,927	65.00
66.00 PHYSICAL THERAPY	556	35,021	2,504,392	11	13,745,288	66.00
67.00 OCCUPATIONAL THERAPY	556	0	312,409	1	1,832,137	67.00
68.00 SPEECH PATHOLOGY	896	0	113,995	1	909,047	68.00
69.00 ELECTROCARDIOLOGY	4,377	48,200	559,852	22	8,779,964	69.00
70.00 ELECTROENCEPHALOGRAPHY	5,262	21,592	227,546	8	2,527,415	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	29,766,481	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	18,475,019	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	42,554,260	73.00
76.00 ULTRASOUND	2,289	75,381	304,881	0	6,107,279	76.00
76.01 PAIN CLINIC	168	17,136	396,211	2	2,900,979	76.01
76.02 CATH LAB	4,292	149,418	650,295	0	20,034,627	76.02
76.03 ACTIVITY THERAPY	5,706	150	1,504,925	7	3,720,216	76.03
76.04 WOUND CARE CENTER	0	2,430	218,609	8	914,382	76.04
76.05 BARIATRIC CLINIC	0	2,309	263,915	8	347,144	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 EMERGENCY	12,182	35,534	3,189,341	24	22,610,084	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	382,372	4,641,467	37,910,964	865	349,755,629	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	988	0	23,007	5	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	21,978	11,029	7,435,067	92	0	192.00
192.01 WORKING WELL	0	0	0	0	0	192.01
194.00 RESIDENTIAL	30,307	15,502	1,923,109	47	0	194.00
194.01 OMNI	0	0	0	0	0	194.01
194.02 PSYCHIATRIC	26,481	4,485	0	93	0	194.02
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)	5,141,942	5,092,063	14,681,113	225,827	1,377,870	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.126710	1.089798	0.310434	204.924682	0.003940	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			20,468	49,537	47,968	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:  
5/29/2012 5:50 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	ADMITTING (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000433	44.951906	0.000137	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:  
5/29/2012 5:50 pm

Cost Center Description	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	5.03	5A.04	5.04	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 ADMINISTRATION						5.02
5.03 PATIENT ACCOUNTING	349,755,629					5.03
5.04 OTHER ADMINISTRATIVE AND GENERAL	0	-15,523,002	105,468,267			5.04
6.00 MAINTENANCE & REPAIRS	0	0	3,714,480	359,643		6.00
7.00 OPERATION OF PLANT	0	0	3,425,764	19,977	339,666	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	260,210	0	0	8.00
9.00 HOUSEKEEPING	0	0	1,790,262	5,221	5,221	9.00
10.00 DIETARY	0	0	704,487	5,925	5,925	10.00
11.00 CAFETERIA	0	0	585,232	5,692	5,692	11.00
13.00 NURSING ADMINISTRATION	0	0	558,006	501	501	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	699,811	5,171	5,171	14.00
15.00 PHARMACY	0	0	3,011,121	3,857	3,857	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	1,228,189	4,886	4,886	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	614,846	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	26,907,427	0	12,495,872	96,970	96,970	30.00
31.00 INTENSIVE CARE UNIT	5,842,106	0	2,801,885	9,931	9,931	31.00
41.00 SUBPROVIDER - IRF	7,751,042	0	3,072,027	5,938	5,938	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	483,534	0	927,913	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	16,260,794	0	3,772,732	16,488	16,488	50.00
50.01 OUTPATIENT SURGERY	5,892,818	0	681,921	7,042	7,042	50.01
51.00 RECOVERY ROOM	3,801,142	0	1,611,771	12,593	12,593	51.00
53.00 ANESTHESIOLOGY	4,521,053	0	164,139	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	39,965,423	0	5,560,818	14,381	14,381	54.00
54.01 RADIOLOGY-SPECIAL PROCEDURES	2,155,690	0	1,064,495	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	5,176,320	0	1,608,067	11,272	11,272	55.00
56.00 RADIOISOTOPE	6,725,771	0	785,739	4,931	4,931	56.00
60.00 LABORATORY	39,556,808	0	4,641,838	7,858	7,858	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	2,518,452	0	584,070	2,831	2,831	63.00
65.00 RESPIRATORY THERAPY	6,972,927	0	1,430,520	2,140	2,140	65.00
66.00 PHYSICAL THERAPY	13,745,288	0	3,845,370	556	556	66.00
67.00 OCCUPATIONAL THERAPY	1,832,137	0	1,774,101	556	556	67.00
68.00 SPEECH PATHOLOGY	909,047	0	557,438	896	896	68.00
69.00 ELECTROCARDIOLOGY	8,779,964	0	976,785	4,377	4,377	69.00
70.00 ELECTROENCEPHALOGRAPHY	2,527,415	0	414,472	5,262	5,262	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	29,766,481	0	3,050,827	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	18,475,019	0	8,276,101	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	42,554,260	0	3,395,859	0	0	73.00
76.00 ULTRASOUND	6,107,279	0	595,017	2,289	2,289	76.00
76.01 PAIN CLINIC	2,900,979	0	572,488	168	168	76.01
76.02 CATH LAB	20,034,627	0	1,342,012	4,292	4,292	76.02
76.03 ACTIVITY THERAPY	3,720,216	0	2,064,383	5,706	5,706	76.03
76.04 WOUND CARE CENTER	914,382	0	307,263	0	0	76.04
76.05 BARIATRIC CLINIC	347,144	0	541,078	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 EMERGENCY	22,610,084	0	4,494,295	12,182	12,182	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	349,755,629	-15,523,002	90,003,704	279,889	259,912	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	120,318	988	988	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	11,934,266	21,978	21,978	192.00
192.01 WORKING WELL	0	0	0	0	0	192.01
194.00 RESIDENTIAL	0	0	3,091,387	30,307	30,307	194.00
194.01 OMNI	0	0	0	0	0	194.01
194.02 PSYCHIATRIC	0	0	318,592	26,481	26,481	194.02
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)	39,589		15,523,002	4,261,185	4,166,670	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000113		0.147182	11.848375	12.266962	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	16,789		549,608	848,754	301,284	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000048		0.005211	2.359990	0.887001	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2012 5:50 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	ADMINISTRATIVE						5.02
5.03	PATIENT ACCOUNTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE	656,126					8.00
9.00	HOUSEKEEPING	0	334,445				9.00
10.00	DIETARY	0	5,925	186,888			10.00
11.00	CAFETERIA	0	5,692	0	1,656,362		11.00
13.00	NURSING ADMINISTRATION	0	501	0	10,512	31,349	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	5,171	0	29,973	1,023	14.00
15.00	PHARMACY	0	3,857	0	39,402	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	4,886	0	20,475	209	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	486,025	96,970	138,437	339,626	14,669	30.00
31.00	INTENSIVE CARE UNIT	40,197	9,931	11,450	62,861	3,022	31.00
41.00	SUBPROVIDER - IRF	0	5,938	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	16,488	0	64,056	3,080	50.00
50.01	OUTPATIENT SURGERY	0	7,042	0	13,723	52	50.01
51.00	RECOVERY ROOM	0	12,593	0	35,673	1,715	51.00
53.00	ANESTHESIOLOGY	0	0	0	1,948	94	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	14,381	0	68,737	0	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	26,428	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	11,272	0	11,991	0	55.00
56.00	RADIOISOTOPE	0	4,931	0	9,069	0	56.00
60.00	LABORATORY	0	7,858	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	2,831	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	2,140	0	32,053	0	65.00
66.00	PHYSICAL THERAPY	0	556	0	87,200	0	66.00
67.00	OCCUPATIONAL THERAPY	0	556	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	896	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	4,377	0	27,369	1,316	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	5,262	0	8,545	180	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	ULTRASOUND	0	2,289	0	12,663	0	76.00
76.01	PAIN CLINIC	0	168	0	11,432	0	76.01
76.02	CATH LAB	0	4,292	0	36,680	1,763	76.02
76.03	ACTIVITY THERAPY	0	5,706	0	57,551	0	76.03
76.04	WOUND CARE CENTER	0	0	0	7,158	0	76.04
76.05	BARIATRIC CLINIC	0	0	0	8,923	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	EMERGENCY	0	12,182	0	101,159	4,226	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	526,222	254,691	149,887	1,125,207	31,349	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	988	0	2,260	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	21,978	0	338,970	0	192.00
192.01	WORKING WELL	0	0	0	0	0	192.01
194.00	RESIDENTIAL	0	30,307	0	92,187	0	194.00
194.01	OMNI	0	0	0	0	0	194.01
194.02	PSYCHIATRIC	129,904	26,481	37,001	97,738	0	194.02
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)	298,508	2,179,662	989,674	845,729	660,848	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.454955	6.517251	5.295546	0.510594	21.080353	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,356	86,005	109,515	87,294	11,464	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002067	0.257157	0.585993	0.052702	0.365689	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	
		14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	COMMUNICATIONS					5.01
5.02	ADMINISTRATIVE					5.02
5.03	PATIENT ACCOUNTING					5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY	10,986,977				14.00
15.00	PHARMACY	14,223	3,449,618			15.00
16.00	MEDICAL RECORDS & LIBRARY	1,691	0	349,755,629		16.00
17.00	SOCIAL SERVICE	0	0	0	349,755,629	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	265,501	582	26,907,427	26,907,427	30.00
31.00	INTENSIVE CARE UNIT	54,746	138	5,842,106	5,842,106	31.00
41.00	SUBPROVIDER - IRF	34,287	449	7,751,042	7,751,042	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	0	483,534	483,534	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	204,117	673	16,260,794	16,260,794	50.00
50.01	OUTPATIENT SURGERY	25,232	2,166	5,892,818	5,892,818	50.01
51.00	RECOVERY ROOM	18,275	88	3,801,142	3,801,142	51.00
53.00	ANESTHESIOLOGY	30,098	16	4,521,053	4,521,053	53.00
54.00	RADIOLOGY-DIAGNOSTIC	106,250	367	39,965,423	39,965,423	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	18,776	99	2,155,690	2,155,690	54.01
55.00	RADIOLOGY-THERAPEUTIC	7,097	33	5,176,320	5,176,320	55.00
56.00	RADIOISOTOPE	0	215,708	6,725,771	6,725,771	56.00
60.00	LABORATORY	0	0	39,556,808	39,556,808	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	2,518,452	2,518,452	63.00
65.00	RESPIRATORY THERAPY	8,198	155	6,972,927	6,972,927	65.00
66.00	PHYSICAL THERAPY	10,295	0	13,745,288	13,745,288	66.00
67.00	OCCUPATIONAL THERAPY	1,263	0	1,832,137	1,832,137	67.00
68.00	SPEECH PATHOLOGY	1,236	0	909,047	909,047	68.00
69.00	ELECTROCARDIOLOGY	11,337	0	8,779,964	8,779,964	69.00
70.00	ELECTROENCEPHALOGRAPHY	7,218	0	2,527,415	2,527,415	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,930,196	0	29,766,481	29,766,481	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	7,020,153	0	18,475,019	18,475,019	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,223,492	42,554,260	42,554,260	73.00
76.00	ULTRASOUND	6,965	7	6,107,279	6,107,279	76.00
76.01	PAIN CLINIC	10,566	165	2,900,979	2,900,979	76.01
76.02	CATH LAB	124,299	457	20,034,627	20,034,627	76.02
76.03	ACTIVITY THERAPY	0	0	3,720,216	3,720,216	76.03
76.04	WOUND CARE CENTER	7,185	2,323	914,382	914,382	76.04
76.05	BARITRIC CLINIC	1,875	115	347,144	347,144	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	EMERGENCY	65,898	2,585	22,610,084	22,610,084	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,986,977	3,449,618	349,755,629	349,755,629	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	WORKING WELL	0	0	0	0	192.01
194.00	RESIDENTIAL	0	0	0	0	194.00
194.01	OMNI	0	0	0	0	194.01
194.02	PSYCHIATRIC	0	0	0	0	194.02
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)	998,081	3,593,864	1,573,640	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.090842	1.041815	0.004499	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	193,945	76,997	89,515	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.017652	0.022320	0.000256	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

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Cost Center Description		INTERNS & RESIDENTS	
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
		22.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	COMMUNICATIONS		5.01
5.02	ADMITTING		5.02
5.03	PATIENT ACCOUNTING		5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,280	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	5,080	30.00
31.00	INTENSIVE CARE UNIT	0	31.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	70	50.00
50.01	OUTPATIENT SURGERY	0	50.01
51.00	RECOVERY ROOM	0	51.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	RADIOISOTOPE	0	56.00
60.00	LABORATORY	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	RESPIRATORY THERAPY	0	65.00
66.00	PHYSICAL THERAPY	0	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	ULTRASOUND	0	76.00
76.01	PAIN CLINIC	0	76.01
76.02	CATH LAB	0	76.02
76.03	ACTIVITY THERAPY	0	76.03
76.04	WOUND CARE CENTER	0	76.04
76.05	BARIATRIC CLINIC	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	EMERGENCY	130	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,280	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	WORKING WELL	0	192.01
194.00	RESIDENTIAL	0	194.00
194.01	OMNI	0	194.01
194.02	PSYCHIATRIC	0	194.02
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)	705,340	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	133.587121	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,609	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

Period:  
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Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME) 22.00		
205.00 Unit cost multiplier (Wkst. B, Part II)	0.683523		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 5:50 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS		18,888,093	0	18,888,093	30.00
31.00	INTENSIVE CARE UNIT		3,724,608	0	3,724,608	31.00
41.00	SUBPROVIDER - IRF		3,744,525	0	3,744,525	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		1,066,660	0	1,066,660	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		5,023,114	17,453	5,040,567	50.00
50.01	OUTPATIENT SURGERY		1,037,165	0	1,037,165	50.01
51.00	RECOVERY ROOM		2,307,972	0	2,307,972	51.00
53.00	ANESTHESIOLOGY		214,365	0	214,365	53.00
54.00	RADIOLOGY-DIAGNOSTIC		7,044,732	0	7,044,732	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES		1,246,171	0	1,246,171	54.01
55.00	RADIOLOGY-THERAPEUTIC		2,220,126	0	2,220,126	55.00
56.00	RADIOISOTOPE		1,312,053	0	1,312,053	56.00
60.00	LABORATORY		5,743,711	0	5,743,711	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.		768,087	0	768,087	63.00
65.00	RESPIRATORY THERAPY	0	1,755,264	6,525	1,761,789	65.00
66.00	PHYSICAL THERAPY	0	4,535,670	8,500	4,544,170	66.00
67.00	OCCUPATIONAL THERAPY	0	2,060,607	0	2,060,607	67.00
68.00	SPEECH PATHOLOGY	0	671,131	0	671,131	68.00
69.00	ELECTROCARDIOLOGY		1,336,875	0	1,336,875	69.00
70.00	ELECTROENCEPHALOGRAPHY		656,848	2,162	659,010	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,899,958	0	3,899,958	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		10,215,038	0	10,215,038	72.00
73.00	DRUGS CHARGED TO PATIENTS		7,445,492	0	7,445,492	73.00
76.00	ULTRASOUND		787,294	0	787,294	76.00
76.01	PAIN CLINIC		681,916	0	681,916	76.01
76.02	CATH LAB		1,828,805	0	1,828,805	76.02
76.03	ACTIVITY THERAPY		2,589,134	0	2,589,134	76.03
76.04	WOUND CARE CENTER		363,329	0	363,329	76.04
76.05	BARIATRIC CLINIC		627,123	0	627,123	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	EMERGENCY		5,780,079	16,702	5,796,781	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		889,612	0	889,612	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		100,465,557	51,342	100,516,899	200.00
201.00	Less Observation Beds		889,612	0	889,612	201.00
202.00	Total (see instructions)		99,575,945	51,342	99,627,287	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 5:50 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	25,829,262		25,829,262		30.00
31.00	INTENSIVE CARE UNIT	5,842,106		5,842,106		31.00
41.00	SUBPROVIDER - IRF	7,751,042		7,751,042		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	483,534		483,534		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	9,778,540	6,482,254	16,260,794	0.308910	50.00
50.01	OUTPATIENT SURGERY	2,411,921	3,480,897	5,892,818	0.176005	50.01
51.00	RECOVERY ROOM	2,091,314	1,709,828	3,801,142	0.607179	51.00
53.00	ANESTHESIOLOGY	1,802,105	2,718,948	4,521,053	0.047415	53.00
54.00	RADIOLOGY-DIAGNOSTIC	14,637,925	25,327,498	39,965,423	0.176271	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	1,693,920	461,770	2,155,690	0.578085	54.01
55.00	RADIOLOGY-THERAPEUTIC	454,706	4,721,614	5,176,320	0.428900	55.00
56.00	RADIOISOTOPE	2,420,956	4,304,815	6,725,771	0.195078	56.00
60.00	LABORATORY	21,238,029	18,318,779	39,556,808	0.145202	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	2,203,009	315,443	2,518,452	0.304984	63.00
65.00	RESPIRATORY THERAPY	6,613,874	359,053	6,972,927	0.251726	65.00
66.00	PHYSICAL THERAPY	5,810,648	7,934,640	13,745,288	0.329980	66.00
67.00	OCCUPATIONAL THERAPY	1,821,262	10,875	1,832,137	1.124701	67.00
68.00	SPEECH PATHOLOGY	472,578	436,469	909,047	0.738280	68.00
69.00	ELECTROCARDIOLOGY	5,057,501	3,722,463	8,779,964	0.152264	69.00
70.00	ELECTROENCEPHALOGRAPHY	421,468	2,105,947	2,527,415	0.259889	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,152,941	7,613,540	29,766,481	0.131018	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	14,787,910	3,687,109	18,475,019	0.552911	72.00
73.00	DRUGS CHARGED TO PATIENTS	35,702,365	6,851,895	42,554,260	0.174965	73.00
76.00	ULTRASOUND	2,593,492	3,513,787	6,107,279	0.128911	76.00
76.01	PAIN CLINIC	56,745	2,844,234	2,900,979	0.235064	76.01
76.02	CATH LAB	14,498,867	5,535,760	20,034,627	0.091282	76.02
76.03	ACTIVITY THERAPY	1,558,360	2,161,856	3,720,216	0.695963	76.03
76.04	WOUND CARE CENTER	0	914,382	914,382	0.397349	76.04
76.05	BIARIATRIC CLINIC	0	347,144	347,144	1.806521	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	EMERGENCY	8,320,008	14,290,076	22,610,084	0.255642	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	160,628	917,537	1,078,165	0.825117	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	218,667,016	131,088,613	349,755,629		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	218,667,016	131,088,613	349,755,629		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 5:50 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.309983		50.00
50.01	OUTPATIENT SURGERY	0.176005		50.01
51.00	RECOVERY ROOM	0.607179		51.00
53.00	ANESTHESIOLOGY	0.047415		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.176271		54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	0.578085		54.01
55.00	RADIOLOGY-THERAPEUTIC	0.428900		55.00
56.00	RADIOISOTOPE	0.195078		56.00
60.00	LABORATORY	0.145202		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.304984		63.00
65.00	RESPIRATORY THERAPY	0.252661		65.00
66.00	PHYSICAL THERAPY	0.330598		66.00
67.00	OCCUPATIONAL THERAPY	1.124701		67.00
68.00	SPEECH PATHOLOGY	0.738280		68.00
69.00	ELECTROCARDIOLOGY	0.152264		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.260745		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.131018		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.552911		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.174965		73.00
76.00	ULTRASOUND	0.128911		76.00
76.01	PAIN CLINIC	0.235064		76.01
76.02	CATH LAB	0.091282		76.02
76.03	ACTIVITY THERAPY	0.695963		76.03
76.04	WOUND CARE CENTER	0.397349		76.04
76.05	BARIATRIC CLINIC	1.806521		76.05
	OUTPATIENT SERVICE COST CENTERS			
91.00	EMERGENCY	0.256380		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.825117		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150090		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/29/2012 5:50 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS		18,888,093	0	0	30.00	
31.00	INTENSIVE CARE UNIT		3,724,608	0	0	31.00	
41.00	SUBPROVIDER - IRF		3,744,525	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		1,066,660	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		5,023,114	0	0	50.00	
50.01	OUTPATIENT SURGERY		1,037,165	0	0	50.01	
51.00	RECOVERY ROOM		2,307,972	0	0	51.00	
53.00	ANESTHESIOLOGY		214,365	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		7,044,732	0	0	54.00	
54.01	RADIOLOGY-SPECIAL PROCEDURES		1,246,171	0	0	54.01	
55.00	RADIOLOGY-THERAPEUTIC		2,220,126	0	0	55.00	
56.00	RADIOISOTOPE		1,312,053	0	0	56.00	
60.00	LABORATORY		5,743,711	0	0	60.00	
63.00	BLOOD STORING, PROCESSING & TRANS.		768,087	0	0	63.00	
65.00	RESPIRATORY THERAPY	0	1,755,264	0	0	65.00	
66.00	PHYSICAL THERAPY	0	4,535,670	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	2,060,607	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	671,131	0	0	68.00	
69.00	ELECTROCARDIOLOGY		1,336,875	0	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY		656,848	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,899,958	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS		10,215,038	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		7,445,492	0	0	73.00	
76.00	ULTRASOUND		787,294	0	0	76.00	
76.01	PAIN CLINIC		681,916	0	0	76.01	
76.02	CATH LAB		1,828,805	0	0	76.02	
76.03	ACTIVITY THERAPY		2,589,134	0	0	76.03	
76.04	WOUND CARE CENTER		363,329	0	0	76.04	
76.05	BARIATRIC CLINIC		627,123	0	0	76.05	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	EMERGENCY		5,780,079	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		889,612	0	0	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		100,465,557	0	0	200.00	
201.00	Less Observation Beds		889,612			201.00	
202.00	Total (see instructions)		99,575,945	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150090		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/29/2012 5:50 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
9.00	10.00						
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	25,829,262		25,829,262			30.00
31.00	INTENSIVE CARE UNIT	5,842,106		5,842,106			31.00
41.00	SUBPROVIDER - IRF	7,751,042		7,751,042			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	483,534		483,534			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	9,778,540	6,482,254	16,260,794	0.308910	0.308910	50.00
50.01	OUTPATIENT SURGERY	2,411,921	3,480,897	5,892,818	0.176005	0.176005	50.01
51.00	RECOVERY ROOM	2,091,314	1,709,828	3,801,142	0.607179	0.607179	51.00
53.00	ANESTHESIOLOGY	1,802,105	2,718,948	4,521,053	0.047415	0.047415	53.00
54.00	RADIOLOGY-DIAGNOSTIC	14,637,925	25,327,498	39,965,423	0.176271	0.176271	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	1,693,920	461,770	2,155,690	0.578085	0.578085	54.01
55.00	RADIOLOGY-THERAPEUTIC	454,706	4,721,614	5,176,320	0.428900	0.428900	55.00
56.00	RADIOISOTOPE	2,420,956	4,304,815	6,725,771	0.195078	0.195078	56.00
60.00	LABORATORY	21,238,029	18,318,779	39,556,808	0.145202	0.145202	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	2,203,009	315,443	2,518,452	0.304984	0.304984	63.00
65.00	RESPIRATORY THERAPY	6,613,874	359,053	6,972,927	0.251726	0.251726	65.00
66.00	PHYSICAL THERAPY	5,810,648	7,934,640	13,745,288	0.329980	0.329980	66.00
67.00	OCCUPATIONAL THERAPY	1,821,262	10,875	1,832,137	1.124701	1.124701	67.00
68.00	SPEECH PATHOLOGY	472,578	436,469	909,047	0.738280	0.738280	68.00
69.00	ELECTROCARDIOLOGY	5,057,501	3,722,463	8,779,964	0.152264	0.152264	69.00
70.00	ELECTROENCEPHALOGRAPHY	421,468	2,105,947	2,527,415	0.259889	0.259889	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,152,941	7,613,540	29,766,481	0.131018	0.131018	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	14,787,910	3,687,109	18,475,019	0.552911	0.552911	72.00
73.00	DRUGS CHARGED TO PATIENTS	35,702,365	6,851,895	42,554,260	0.174965	0.174965	73.00
76.00	ULTRASOUND	2,593,492	3,513,787	6,107,279	0.128911	0.128911	76.00
76.01	PAIN CLINIC	56,745	2,844,234	2,900,979	0.235064	0.235064	76.01
76.02	CATH LAB	14,498,867	5,535,760	20,034,627	0.091282	0.091282	76.02
76.03	ACTIVITY THERAPY	1,558,360	2,161,856	3,720,216	0.695963	0.695963	76.03
76.04	WOUND CARE CENTER	0	914,382	914,382	0.397349	0.397349	76.04
76.05	BIARIATRIC CLINIC	0	347,144	347,144	1.806521	1.806521	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	EMERGENCY	8,320,008	14,290,076	22,610,084	0.255642	0.255642	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	160,628	917,537	1,078,165	0.825117	0.825117	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	218,667,016	131,088,613	349,755,629			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	218,667,016	131,088,613	349,755,629			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 5:50 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.000000		50.00
50.01	OUTPATIENT SURGERY	0.000000		50.01
51.00	RECOVERY ROOM	0.000000		51.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	0.000000		54.01
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
60.00	LABORATORY	0.000000		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	ULTRASOUND	0.000000		76.00
76.01	PAIN CLINIC	0.000000		76.01
76.02	CATH LAB	0.000000		76.02
76.03	ACTIVITY THERAPY	0.000000		76.03
76.04	WOUND CARE CENTER	0.000000		76.04
76.05	BARIATRIC CLINIC	0.000000		76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150090		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/29/2012 5:50 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,128,185	0	2,128,185	27,474	77.46	30.00
31.00	INTENSIVE CARE UNIT	208,924	0	208,924	2,823	74.01	31.00
41.00	SUBPROVIDER - IRF	131,151	0	131,151	5,842	22.45	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	5,334	0	5,334	0	0.00	43.00
200.00	Total (lines 30-199)	2,473,594		2,473,594	36,139		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/29/2012 5:50 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	15,959	1,236,184		30.00
31.00 INTENSIVE CARE UNIT	1,691	125,151		31.00
41.00 SUBPROVIDER - IRF	4,638	104,123		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (lines 30-199)	22,288	1,465,458		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150090		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 5:50 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	758,157	16,260,794	0.046625	3,910,978	182,349	50.00
50.01	OUTPATIENT SURGERY	153,717	5,892,818	0.026085	1,427,870	37,246	50.01
51.00	RECOVERY ROOM	239,982	3,801,142	0.063134	883,932	55,806	51.00
53.00	ANESTHESIOLOGY	57,255	4,521,053	0.012664	809,960	10,257	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,067,501	39,965,423	0.051732	8,042,248	416,042	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	311,765	2,155,690	0.144624	782,082	113,108	54.01
55.00	RADIOLOGY-THERAPEUTIC	917,178	5,176,320	0.177187	199,664	35,378	55.00
56.00	RADIOISOTOPE	127,770	6,725,771	0.018997	1,439,179	27,340	56.00
60.00	LABORATORY	163,319	39,556,808	0.004129	10,918,676	45,083	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	45,575	2,518,452	0.018096	1,328,259	24,036	63.00
65.00	RESPIRATORY THERAPY	88,410	6,972,927	0.012679	4,240,053	53,760	65.00
66.00	PHYSICAL THERAPY	78,756	13,745,288	0.005730	1,123,996	6,440	66.00
67.00	OCCUPATIONAL THERAPY	18,389	1,832,137	0.010037	443,720	4,454	67.00
68.00	SPEECH PATHOLOGY	16,533	909,047	0.018187	121,993	2,219	68.00
69.00	ELECTROCARDIOLOGY	128,884	8,779,964	0.014679	3,021,372	44,351	69.00
70.00	ELECTROENCEPHALOGRAPHY	104,894	2,527,415	0.041502	268,563	11,146	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	80,749	29,766,481	0.002713	10,804,047	29,311	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	175,198	18,475,019	0.009483	7,404,197	70,214	72.00
73.00	DRUGS CHARGED TO PATIENTS	108,442	42,554,260	0.002548	19,911,729	50,735	73.00
76.00	ULTRASOUND	122,356	6,107,279	0.020034	1,624,672	32,549	76.00
76.01	PAIN CLINIC	26,449	2,900,979	0.009117	34,832	318	76.01
76.02	CATH LAB	246,524	20,034,627	0.012305	8,325,282	102,443	76.02
76.03	ACTIVITY THERAPY	100,044	3,720,216	0.026892	1,870	50	76.03
76.04	WOUND CARE CENTER	5,663	914,382	0.006193	0	0	76.04
76.05	BARITRIC CLINIC	6,470	347,144	0.018638	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	EMERGENCY	260,906	22,610,084	0.011539	5,108,416	58,946	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	100,235	1,078,165	0.092968	119,135	11,076	92.00
200.00	Total (lines 50-199)	6,511,121	309,849,685		92,296,725	1,424,657	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150090		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 5:50 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150090		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 5:50 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
		6.00	7.00	8.00	9.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	27,474	0.00	15,959	0		30.00
31.00	INTENSIVE CARE UNIT	2,823	0.00	1,691	0		31.00
41.00	SUBPROVIDER - IRF	5,842	0.00	4,638	0		41.00
42.00	SUBPROVIDER	0	0.00	0	0		42.00
43.00	NURSERY	0	0.00	0	0		43.00
200.00	Total (Lines 30-199)	36,139		22,288	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 5:50 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
50.01 OUTPATIENT SURGERY	0	0	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
54.01 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
76.00 ULTRASOUND	0	0	0	0	0	0	0	76.00
76.01 PAIN CLINIC	0	0	0	0	0	0	0	76.01
76.02 CATH LAB	0	0	0	0	0	0	0	76.02
76.03 ACTIVITY THERAPY	0	0	0	0	0	0	0	76.03
76.04 WOUND CARE CENTER	0	0	0	0	0	0	0	76.04
76.05 BARIATRIC CLINIC	0	0	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 5:50 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	16,260,794	0.000000	0.000000	3,910,978	50.00
50.01	OUTPATIENT SURGERY	0	5,892,818	0.000000	0.000000	1,427,870	50.01
51.00	RECOVERY ROOM	0	3,801,142	0.000000	0.000000	883,932	51.00
53.00	ANESTHESIOLOGY	0	4,521,053	0.000000	0.000000	809,960	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	39,965,423	0.000000	0.000000	8,042,248	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	0	2,155,690	0.000000	0.000000	782,082	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	5,176,320	0.000000	0.000000	199,664	55.00
56.00	RADIOISOTOPE	0	6,725,771	0.000000	0.000000	1,439,179	56.00
60.00	LABORATORY	0	39,556,808	0.000000	0.000000	10,918,676	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	2,518,452	0.000000	0.000000	1,328,259	63.00
65.00	RESPIRATORY THERAPY	0	6,972,927	0.000000	0.000000	4,240,053	65.00
66.00	PHYSICAL THERAPY	0	13,745,288	0.000000	0.000000	1,123,996	66.00
67.00	OCCUPATIONAL THERAPY	0	1,832,137	0.000000	0.000000	443,720	67.00
68.00	SPEECH PATHOLOGY	0	909,047	0.000000	0.000000	121,993	68.00
69.00	ELECTROCARDIOLOGY	0	8,779,964	0.000000	0.000000	3,021,372	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,527,415	0.000000	0.000000	268,563	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,766,481	0.000000	0.000000	10,804,047	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	18,475,019	0.000000	0.000000	7,404,197	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	42,554,260	0.000000	0.000000	19,911,729	73.00
76.00	ULTRASOUND	0	6,107,279	0.000000	0.000000	1,624,672	76.00
76.01	PAIN CLINIC	0	2,900,979	0.000000	0.000000	34,832	76.01
76.02	CATH LAB	0	20,034,627	0.000000	0.000000	8,325,282	76.02
76.03	ACTIVITY THERAPY	0	3,720,216	0.000000	0.000000	1,870	76.03
76.04	WOUND CARE CENTER	0	914,382	0.000000	0.000000	0	76.04
76.05	BARIATRIC CLINIC	0	347,144	0.000000	0.000000	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	EMERGENCY	0	22,610,084	0.000000	0.000000	5,108,416	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,078,165	0.000000	0.000000	119,135	92.00
200.00	Total (lines 50-199)	0	309,849,685			92,296,725	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 5:50 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	1,388,777	0	50.00
50.01	OUTPATIENT SURGERY	0	1,043,801	0	50.01
51.00	RECOVERY ROOM	0	359,111	0	51.00
53.00	ANESTHESIOLOGY	0	633,310	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	6,552,061	0	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	0	207,544	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	1,630,186	0	55.00
56.00	RADIOISOTOPE	0	1,596,813	0	56.00
60.00	LABORATORY	0	577,953	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	82,881	0	63.00
65.00	RESPIRATORY THERAPY	0	98,989	0	65.00
66.00	PHYSICAL THERAPY	0	121,802	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,236,280	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	580,531	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,790,355	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	1,682,795	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,124,275	0	73.00
76.00	ULTRASOUND	0	1,006,622	0	76.00
76.01	PAIN CLINIC	0	913,795	0	76.01
76.02	CATH LAB	0	2,520,924	0	76.02
76.03	ACTIVITY THERAPY	0	92,141	0	76.03
76.04	WOUND CARE CENTER	0	347,887	0	76.04
76.05	BARIATRIC CLINIC	0	7,256	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0	2,115,072	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	228,936	0	92.00
200.00	Total (Lines 50-199)	0	29,940,097	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 5:50 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services		Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
			Subject To Ded. & Coins. (see instructions)	Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.308910	1,388,777	0	0	50.00
50.01	OUTPATIENT SURGERY	0.176005	1,043,801	0	0	50.01
51.00	RECOVERY ROOM	0.607179	359,111	0	0	51.00
53.00	ANESTHESIOLOGY	0.047415	633,310	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.176271	6,552,061	0	0	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	0.578085	207,544	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.428900	1,630,186	0	0	55.00
56.00	RADIOISOTOPE	0.195078	1,596,813	0	0	56.00
60.00	LABORATORY	0.145202	577,953	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.304984	82,881	0	0	63.00
65.00	RESPIRATORY THERAPY	0.251726	98,989	0	0	65.00
66.00	PHYSICAL THERAPY	0.329980	121,802	0	0	66.00
67.00	OCCUPATIONAL THERAPY	1.124701	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.738280	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.152264	1,236,280	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.259889	580,531	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.131018	1,790,355	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.552911	1,682,795	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.174965	3,124,275	1,652	7,844	73.00
76.00	ULTRASOUND	0.128911	1,006,622	0	0	76.00
76.01	PAIN CLINIC	0.235064	913,795	0	0	76.01
76.02	CATH LAB	0.091282	2,520,924	0	0	76.02
76.03	ACTIVITY THERAPY	0.695963	92,141	0	0	76.03
76.04	WOUND CARE CENTER	0.397349	347,887	0	0	76.04
76.05	BARIATRIC CLINIC	1.806521	7,256	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	EMERGENCY	0.255642	2,115,072	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.825117	228,936	0	0	92.00
200.00	Subtotal (see instructions)		29,940,097	1,652	7,844	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		29,940,097	1,652	7,844	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 5:50 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			Hospital	PPS
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	429,007	0	0		50.00
50.01 OUTPATIENT SURGERY	183,714	0	0		50.01
51.00 RECOVERY ROOM	218,045	0	0		51.00
53.00 ANESTHESIOLOGY	30,028	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,154,938	0	0		54.00
54.01 RADIOLOGY-SPECIAL PROCEDURES	119,978	0	0		54.01
55.00 RADIOLOGY-THERAPEUTIC	699,187	0	0		55.00
56.00 RADIOISOTOPE	311,503	0	0		56.00
60.00 LABORATORY	83,920	0	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	25,277	0	0		63.00
65.00 RESPIRATORY THERAPY	24,918	0	0		65.00
66.00 PHYSICAL THERAPY	40,192	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	188,241	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	150,874	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	234,569	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	930,436	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	546,639	289	1,372		73.00
76.00 ULTRASOUND	129,765	0	0		76.00
76.01 PAIN CLINIC	214,800	0	0		76.01
76.02 CATH LAB	230,115	0	0		76.02
76.03 ACTIVITY THERAPY	64,127	0	0		76.03
76.04 WOUND CARE CENTER	138,233	0	0		76.04
76.05 BARIATRIC CLINIC	13,108	0	0		76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 EMERGENCY	540,701	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	188,899	0	0		92.00
200.00 Subtotal (see instructions)	6,891,214	289	1,372		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	6,891,214	289	1,372		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150090 Component CCN: 15T090		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 5:50 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	758,157	16,260,794	0.046625	14,914	695	50.00
50.01	OUTPATIENT SURGERY	153,717	5,892,818	0.026085	11,737	306	50.01
51.00	RECOVERY ROOM	239,982	3,801,142	0.063134	0	0	51.00
53.00	ANESTHESIOLOGY	57,255	4,521,053	0.012664	1,873	24	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,067,501	39,965,423	0.051732	186,225	9,634	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	311,765	2,155,690	0.144624	2,457	355	54.01
55.00	RADIOLOGY-THERAPEUTIC	917,178	5,176,320	0.177187	21,890	3,879	55.00
56.00	RADIOISOTOPE	127,770	6,725,771	0.018997	6,148	117	56.00
60.00	LABORATORY	163,319	39,556,808	0.004129	755,250	3,118	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	45,575	2,518,452	0.018096	48,373	875	63.00
65.00	RESPIRATORY THERAPY	88,410	6,972,927	0.012679	269,977	3,423	65.00
66.00	PHYSICAL THERAPY	78,756	13,745,288	0.005730	4,501,053	25,791	66.00
67.00	OCCUPATIONAL THERAPY	18,389	1,832,137	0.010037	0	0	67.00
68.00	SPEECH PATHOLOGY	16,533	909,047	0.018187	0	0	68.00
69.00	ELECTROCARDIOLOGY	128,884	8,779,964	0.014679	25,623	376	69.00
70.00	ELECTROENCEPHALOGRAPHY	104,894	2,527,415	0.041502	5,546	230	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	80,749	29,766,481	0.002713	686,930	1,864	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	175,198	18,475,019	0.009483	2,954	28	72.00
73.00	DRUGS CHARGED TO PATIENTS	108,442	42,554,260	0.002548	2,168,909	5,526	73.00
76.00	ULTRASOUND	122,356	6,107,279	0.020034	65,714	1,317	76.00
76.01	PAIN CLINIC	26,449	2,900,979	0.009117	0	0	76.01
76.02	CATH LAB	246,524	20,034,627	0.012305	0	0	76.02
76.03	ACTIVITY THERAPY	100,044	3,720,216	0.026892	0	0	76.03
76.04	WOUND CARE CENTER	5,663	914,382	0.006193	0	0	76.04
76.05	BIATRIC CLINIC	6,470	347,144	0.018638	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	EMERGENCY	260,906	22,610,084	0.011539	101,615	1,173	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	100,235	1,078,165	0.092968	0	0	92.00
200.00	Total (lines 50-199)	6,511,121	309,849,685		8,877,188	58,731	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 5:50 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
60.00 LABORATORY	0	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 ULTRASOUND	0	0	0	0	0	76.00
76.01 PAIN CLINIC	0	0	0	0	0	76.01
76.02 CATH LAB	0	0	0	0	0	76.02
76.03 ACTIVITY THERAPY	0	0	0	0	0	76.03
76.04 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05 BARIATRIC CLINIC	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 5:50 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	16,260,794	0.000000	0.000000	14,914	50.00
50.01 OUTPATIENT SURGERY	0	5,892,818	0.000000	0.000000	11,737	50.01
51.00 RECOVERY ROOM	0	3,801,142	0.000000	0.000000	0	51.00
53.00 ANESTHESIOLOGY	0	4,521,053	0.000000	0.000000	1,873	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	39,965,423	0.000000	0.000000	186,225	54.00
54.01 RADIOLOGY-SPECIAL PROCEDURES	0	2,155,690	0.000000	0.000000	2,457	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	5,176,320	0.000000	0.000000	21,890	55.00
56.00 RADIOISOTOPE	0	6,725,771	0.000000	0.000000	6,148	56.00
60.00 LABORATORY	0	39,556,808	0.000000	0.000000	755,250	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	2,518,452	0.000000	0.000000	48,373	63.00
65.00 RESPIRATORY THERAPY	0	6,972,927	0.000000	0.000000	269,977	65.00
66.00 PHYSICAL THERAPY	0	13,745,288	0.000000	0.000000	4,501,053	66.00
67.00 OCCUPATIONAL THERAPY	0	1,832,137	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	909,047	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	8,779,964	0.000000	0.000000	25,623	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2,527,415	0.000000	0.000000	5,546	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,766,481	0.000000	0.000000	686,930	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	18,475,019	0.000000	0.000000	2,954	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	42,554,260	0.000000	0.000000	2,168,909	73.00
76.00 ULTRASOUND	0	6,107,279	0.000000	0.000000	65,714	76.00
76.01 PAIN CLINIC	0	2,900,979	0.000000	0.000000	0	76.01
76.02 CATH LAB	0	20,034,627	0.000000	0.000000	0	76.02
76.03 ACTIVITY THERAPY	0	3,720,216	0.000000	0.000000	0	76.03
76.04 WOUND CARE CENTER	0	914,382	0.000000	0.000000	0	76.04
76.05 BARIATRIC CLINIC	0	347,144	0.000000	0.000000	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 EMERGENCY	0	22,610,084	0.000000	0.000000	101,615	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,078,165	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	309,849,685			8,877,188	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 5:50 pm
	Component CCN: 15T090	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	0	0	50.00
50.01 OUTPATIENT SURGERY	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
60.00 LABORATORY	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 ULTRASOUND	0	0	0	76.00
76.01 PAIN CLINIC	0	0	0	76.01
76.02 CATH LAB	0	0	0	76.02
76.03 ACTIVITY THERAPY	0	0	0	76.03
76.04 WOUND CARE CENTER	0	0	0	76.04
76.05 BARIATRIC CLINIC	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150090 Component CCN: 15T090		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 5:50 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	758,157	16,260,794	0.046625	0	0	50.00
50.01	OUTPATIENT SURGERY	153,717	5,892,818	0.026085	0	0	50.01
51.00	RECOVERY ROOM	239,982	3,801,142	0.063134	0	0	51.00
53.00	ANESTHESIOLOGY	57,255	4,521,053	0.012664	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,067,501	39,965,423	0.051732	32	2	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	311,765	2,155,690	0.144624	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	917,178	5,176,320	0.177187	0	0	55.00
56.00	RADIOISOTOPE	127,770	6,725,771	0.018997	0	0	56.00
60.00	LABORATORY	163,319	39,556,808	0.004129	3,253	13	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	45,575	2,518,452	0.018096	0	0	63.00
65.00	RESPIRATORY THERAPY	88,410	6,972,927	0.012679	139	2	65.00
66.00	PHYSICAL THERAPY	78,756	13,745,288	0.005730	31,611	181	66.00
67.00	OCCUPATIONAL THERAPY	18,389	1,832,137	0.010037	0	0	67.00
68.00	SPEECH PATHOLOGY	16,533	909,047	0.018187	0	0	68.00
69.00	ELECTROCARDIOLOGY	128,884	8,779,964	0.014679	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	104,894	2,527,415	0.041502	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	80,749	29,766,481	0.002713	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	175,198	18,475,019	0.009483	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	108,442	42,554,260	0.002548	0	0	73.00
76.00	ULTRASOUND	122,356	6,107,279	0.020034	622	12	76.00
76.01	PAIN CLINIC	26,449	2,900,979	0.009117	0	0	76.01
76.02	CATH LAB	246,524	20,034,627	0.012305	0	0	76.02
76.03	ACTIVITY THERAPY	100,044	3,720,216	0.026892	0	0	76.03
76.04	WOUND CARE CENTER	5,663	914,382	0.006193	0	0	76.04
76.05	BIARIATRIC CLINIC	6,470	347,144	0.018638	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	EMERGENCY	260,906	22,610,084	0.011539	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,078,165	0.000000	0	0	92.00
200.00	Total (lines 50-199)	6,410,886	309,849,685		35,657	210	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 5:50 pm
Title XIX		Subprovider - IRF	Tefra

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
60.00 LABORATORY	0	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 ULTRASOUND	0	0	0	0	0	76.00
76.01 PAIN CLINIC	0	0	0	0	0	76.01
76.02 CATH LAB	0	0	0	0	0	76.02
76.03 ACTIVITY THERAPY	0	0	0	0	0	76.03
76.04 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05 BARIATRIC CLINIC	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 5:50 pm
Title XIX		Subprovider - IRF	Tefra

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	16,260,794	0.000000	0.000000	0	50.00
50.01 OUTPATIENT SURGERY	0	5,892,818	0.000000	0.000000	0	50.01
51.00 RECOVERY ROOM	0	3,801,142	0.000000	0.000000	0	51.00
53.00 ANESTHESIOLOGY	0	4,521,053	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	39,965,423	0.000000	0.000000	32	54.00
54.01 RADIOLOGY-SPECIAL PROCEDURES	0	2,155,690	0.000000	0.000000	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	5,176,320	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	6,725,771	0.000000	0.000000	0	56.00
60.00 LABORATORY	0	39,556,808	0.000000	0.000000	3,253	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	2,518,452	0.000000	0.000000	0	63.00
65.00 RESPIRATORY THERAPY	0	6,972,927	0.000000	0.000000	139	65.00
66.00 PHYSICAL THERAPY	0	13,745,288	0.000000	0.000000	31,611	66.00
67.00 OCCUPATIONAL THERAPY	0	1,832,137	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	909,047	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	8,779,964	0.000000	0.000000	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2,527,415	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,766,481	0.000000	0.000000	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	18,475,019	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	42,554,260	0.000000	0.000000	0	73.00
76.00 ULTRASOUND	0	6,107,279	0.000000	0.000000	622	76.00
76.01 PAIN CLINIC	0	2,900,979	0.000000	0.000000	0	76.01
76.02 CATH LAB	0	20,034,627	0.000000	0.000000	0	76.02
76.03 ACTIVITY THERAPY	0	3,720,216	0.000000	0.000000	0	76.03
76.04 WOUND CARE CENTER	0	914,382	0.000000	0.000000	0	76.04
76.05 BARIATRIC CLINIC	0	347,144	0.000000	0.000000	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 EMERGENCY	0	22,610,084	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,078,165	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	309,849,685			35,657	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 5:50 pm
	Component CCN: 15T090	Title XIX	Subprovider - IRF Tefra

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	0	0	50.00
50.01 OUTPATIENT SURGERY	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
60.00 LABORATORY	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 ULTRASOUND	0	0	0	76.00
76.01 PAIN CLINIC	0	0	0	76.01
76.02 CATH LAB	0	0	0	76.02
76.03 ACTIVITY THERAPY	0	0	0	76.03
76.04 WOUND CARE CENTER	0	0	0	76.04
76.05 BARIATRIC CLINIC	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2012 5:50 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		27,474	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		27,474	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		27,474	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)		15,959	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		18,888,093	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)		18,888,093	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		25,829,262	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		25,829,262	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.731267	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)		940.13	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)		18,888,093	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		687.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,971,653	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)		10,971,653	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/29/2012 5:50 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,724,608	2,823	1,319.38	1,691	2,231,072	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					20,207,573	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					33,410,298	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,361,335	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,424,657	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,785,992	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,624,306	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,294	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					687.49	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					889,612	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 5:50 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,128,185	18,888,093	0.112673	889,612	100,235	90.00
91.00	Nursing School cost	0	18,888,093	0.000000	889,612	0	91.00
92.00	Allied health cost	0	18,888,093	0.000000	889,612	0	92.00
93.00	All other Medical Education	0	18,888,093	0.000000	889,612	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T090		Date/Time Prepared: 5/29/2012 5:50 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,842	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,842	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,842	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)		4,638	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,744,525	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)		3,744,525	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		7,751,042	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		7,751,042	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.483100	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,326.78	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,744,525	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		640.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,972,819	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,972,819	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
					Component CCN: 15T090		Date/Time Prepared: 5/29/2012 5:50 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
<b>Intensive Care Type Inpatient Hospital Units</b>							
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 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						2,243,267	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						5,216,086	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						104,123	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						58,731	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						162,854	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						5,053,232	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090 Component CCN: 15T090		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 5:50 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	131,151	3,744,525	0.035025	0	0	90.00
91.00	Nursing School cost	0	3,744,525	0.000000	0	0	91.00
92.00	Allied health cost	0	3,744,525	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,744,525	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/29/2012 5:50 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		27,474	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		27,474	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		27,474	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,136	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		18,888,093	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)		18,888,093	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		25,829,262	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		25,829,262	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.731267	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)		940.13	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)		18,888,093	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		687.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,468,479	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,468,479	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/29/2012 5:50 pm	
Cost Center Description			Title XIX	Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,066,660	0	0.00	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,724,608	2,823	1,319.38	230	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,786,711	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				3,558,647	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				1,294	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				687.49	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				889,612	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 5:50 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T090		Date/Time Prepared: 5/29/2012 5:50 pm
		Title XIX	Subprovider - IRF	Tefra
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,842	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,842	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,842	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)		51	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,744,525	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)		3,744,525	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		7,751,042	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		7,751,042	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.483100	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,326.78	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,744,525	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		640.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		32,689	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)		32,689	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
					Component CCN: 15T090		Date/Time Prepared: 5/29/2012 5:50 pm
					Title XIX	Subprovider - IRF	Tefra
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
<b>Intensive Care Type Inpatient Hospital Units</b>							
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 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,024		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,713		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					210		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					210		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					43,503		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					4		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-43,503		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					210		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090 Component CCN: 15T090		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 5:50 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	3,744,525	0.000000	0	0	90.00
91.00	Nursing School cost	0	3,744,525	0.000000	0	0	91.00
92.00	Allied health cost	0	3,744,525	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,744,525	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 5:50 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		15,513,642		30.00
31.00	INTENSIVE CARE UNIT		3,080,023		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.309983	3,910,978	1,212,337	50.00
50.01	OUTPATIENT SURGERY	0.176005	1,427,870	251,312	50.01
51.00	RECOVERY ROOM	0.607179	883,932	536,705	51.00
53.00	ANESTHESIOLOGY	0.047415	809,960	38,404	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.176271	8,042,248	1,417,615	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	0.578085	782,082	452,110	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.428900	199,664	85,636	55.00
56.00	RADIOISOTOPE	0.195078	1,439,179	280,752	56.00
60.00	LABORATORY	0.145202	10,918,676	1,585,414	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.304984	1,328,259	405,098	63.00
65.00	RESPIRATORY THERAPY	0.252661	4,240,053	1,071,296	65.00
66.00	PHYSICAL THERAPY	0.330598	1,123,996	371,591	66.00
67.00	OCCUPATIONAL THERAPY	1.124701	443,720	499,052	67.00
68.00	SPEECH PATHOLOGY	0.738280	121,993	90,065	68.00
69.00	ELECTROCARDIOLOGY	0.152264	3,021,372	460,046	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.260745	268,563	70,026	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.131018	10,804,047	1,415,525	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.552911	7,404,197	4,093,862	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.174965	19,911,729	3,483,856	73.00
76.00	ULTRASOUND	0.128911	1,624,672	209,438	76.00
76.01	PAIN CLINIC	0.235064	34,832	8,188	76.01
76.02	CATH LAB	0.091282	8,325,282	759,948	76.02
76.03	ACTIVITY THERAPY	0.695963	1,870	1,301	76.03
76.04	WOUND CARE CENTER	0.397349	0	0	76.04
76.05	BIATRIC CLINIC	1.806521	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	EMERGENCY	0.256380	5,108,416	1,309,696	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.825117	119,135	98,300	92.00
200.00	Total (sum of lines 50-94 and 96-98)		92,296,725	20,207,573	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)		92,296,725		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T090		Date/Time Prepared: 5/29/2012 5:50 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
41.00	SUBPROVIDER - IRF		3,999,752		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.309983	14,914	4,623	50.00
50.01	OUTPATIENT SURGERY	0.176005	11,737	2,066	50.01
51.00	RECOVERY ROOM	0.607179	0	0	51.00
53.00	ANESTHESIOLOGY	0.047415	1,873	89	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.176271	186,225	32,826	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	0.578085	2,457	1,420	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.428900	21,890	9,389	55.00
56.00	RADIOISOTOPE	0.195078	6,148	1,199	56.00
60.00	LABORATORY	0.145202	755,250	109,664	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.304984	48,373	14,753	63.00
65.00	RESPIRATORY THERAPY	0.252661	269,977	68,213	65.00
66.00	PHYSICAL THERAPY	0.330598	4,501,053	1,488,039	66.00
67.00	OCCUPATIONAL THERAPY	1.124701	0	0	67.00
68.00	SPEECH PATHOLOGY	0.738280	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.152264	25,623	3,901	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.260745	5,546	1,446	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.131018	686,930	90,000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.552911	2,954	1,633	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.174965	2,168,909	379,483	73.00
76.00	ULTRASOUND	0.128911	65,714	8,471	76.00
76.01	PAIN CLINIC	0.235064	0	0	76.01
76.02	CATH LAB	0.091282	0	0	76.02
76.03	ACTIVITY THERAPY	0.695963	0	0	76.03
76.04	WOUND CARE CENTER	0.397349	0	0	76.04
76.05	BARIATRIC CLINIC	1.806521	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	EMERGENCY	0.256380	101,615	26,052	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.825117	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		8,877,188	2,243,267	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)		8,877,188		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 5:50 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		1,823,498		30.00
31.00	INTENSIVE CARE UNIT		372,116		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.308910	1,206,107	372,579	50.00
50.01	OUTPATIENT SURGERY	0.176005	84,150	14,811	50.01
51.00	RECOVERY ROOM	0.607179	117,963	71,625	51.00
53.00	ANESTHESIOLOGY	0.047415	193,149	9,158	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.176271	750,114	132,223	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	0.578085	168,946	97,665	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.428900	17,644	7,568	55.00
56.00	RADIOISOTOPE	0.195078	157,211	30,668	56.00
60.00	LABORATORY	0.145202	968,003	140,556	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.304984	127,177	38,787	63.00
65.00	RESPIRATORY THERAPY	0.251726	416,368	104,811	65.00
66.00	PHYSICAL THERAPY	0.329980	111,447	36,775	66.00
67.00	OCCUPATIONAL THERAPY	1.124701	0	0	67.00
68.00	SPEECH PATHOLOGY	0.738280	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.152264	192,342	29,287	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.259889	15,829	4,114	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.131018	591,728	77,527	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.552911	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.174965	2,018,787	353,217	73.00
76.00	ULTRASOUND	0.128911	151,312	19,506	76.00
76.01	PAIN CLINIC	0.235064	10,899	2,562	76.01
76.02	CATH LAB	0.091282	988,538	90,236	76.02
76.03	ACTIVITY THERAPY	0.695963	11,781	8,199	76.03
76.04	WOUND CARE CENTER	0.397349	0	0	76.04
76.05	BIATRIC CLINIC	1.806521	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	EMERGENCY	0.255642	566,561	144,837	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.825117	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		8,866,056	1,786,711	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)		8,866,056		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T090		Date/Time Prepared: 5/29/2012 5:50 pm	
		Title XIX	Subprovider - IRF	Tefra	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
41.00	SUBPROVIDER - IRF		27,534		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.308910	0	0	50.00
50.01	OUTPATIENT SURGERY	0.176005	0	0	50.01
51.00	RECOVERY ROOM	0.607179	0	0	51.00
53.00	ANESTHESIOLOGY	0.047415	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.176271	32	6	54.00
54.01	RADIOLOGY-SPECIAL PROCEDURES	0.578085	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.428900	0	0	55.00
56.00	RADIOISOTOPE	0.195078	0	0	56.00
60.00	LABORATORY	0.145202	3,253	472	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.304984	0	0	63.00
65.00	RESPIRATORY THERAPY	0.251726	139	35	65.00
66.00	PHYSICAL THERAPY	0.329980	31,611	10,431	66.00
67.00	OCCUPATIONAL THERAPY	1.124701	0	0	67.00
68.00	SPEECH PATHOLOGY	0.738280	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.152264	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.259889	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.131018	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.552911	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.174965	0	0	73.00
76.00	ULTRASOUND	0.128911	622	80	76.00
76.01	PAIN CLINIC	0.235064	0	0	76.01
76.02	CATH LAB	0.091282	0	0	76.02
76.03	ACTIVITY THERAPY	0.695963	0	0	76.03
76.04	WOUND CARE CENTER	0.397349	0	0	76.04
76.05	BARIATRIC CLINIC	1.806521	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	EMERGENCY	0.255642	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.825117	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		35,657	11,024	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		35,657		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 5:50 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		25,206,680	1.00
2.00	Outlier payments for discharges. (see instructions)		922,816	2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.		0	2.01
3.00	Managed Care Simulated Payments		1,319,707	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		128.74	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		7.80	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)		0.89	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.		2.24	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)		9.15	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		9.28	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)		9.15	12.00
13.00	Total allowable FTE count for the prior year.		9.14	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		9.01	14.00
15.00	Sum of lines 12 through 14 divided by 3.		9.10	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		9.10	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.070685	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.071334	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.070685	21.00
22.00	IME payment adjustment (see instructions)		1,004,369	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.13	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,004,369	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		27,133,865	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)		27,133,865	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,254,980	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).		354,963	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 5:50 pm
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			29,743,808 59.00
60.00	Primary payer payments			9,406 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			29,734,402 61.00
62.00	Deductibles billed to program beneficiaries			2,387,720 62.00
63.00	Coinurance billed to program beneficiaries			215,363 63.00
64.00	Allowable bad debts (see instructions)			361,859 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			253,301 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			196,151 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			27,384,620 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Enter the time value of money for operating expenses, the capital outlier reconciliation amount and time value of money for capital related expenses by entering the sum of lines 93, 95 and 96. For SCH, if the hospital specific payment amount on line 48, is greater than the federal specific payment amount on line 47, do not complete this line.			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			27,384,620 71.00
72.00	Interim payments			27,601,672 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)			-217,052 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 5:50 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			1,661 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			6,891,214 2.00
3.00	PPS payments			6,488,841 3.00
4.00	Outlier payment (see instructions)			8,842 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			1,661 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			9,496 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)			9,496 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			9,496 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			7,835 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			1,661 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)			6,497,683 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,482,672 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			5,016,672 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			63,349 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			5,080,021 30.00
31.00	Primary payer payments			993 31.00
32.00	Subtotal (line 30 minus line 31)			5,079,028 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			160,552 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			112,386 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			74,552 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			5,191,414 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			5,191,414 40.00
41.00	Interim payments			5,243,188 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)			-51,774 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 5:50 pm
		Component CCN: 15T090	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150090		Period: From 01/01/2011 To 12/31/2011		Worksheet E-1 Part I Date/Time Prepared: 5/29/2012 5:50 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		27,274,246		5,184,439	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	07/25/2011	65,523	07/25/2011	9,564	3.01	
3.02		12/06/2011	261,903	12/06/2011	49,185	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)		327,426		58,749	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)		27,601,672		5,243,188	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		217,052		51,774	6.02	
7.00	Total Medicare program liability (see instructions)		27,384,620		5,191,414	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: 150090  
Component CCN: 15T090

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2012 5:50 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		6,669,060		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	07/25/2011	14,485		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		14,485		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)		6,683,545		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		60,102		0	6.02
7.00	Total Medicare program liability (see instructions)		6,623,443		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/29/2012 5:50 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DATA COLLECTION NEEDED FOR THE HIT CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			6,250 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			17,650 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			910 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			29,003 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			349,755,629 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			11,567,800 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/29/2012 5:50 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			5,925,708 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0272 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			97,282 3.00
4.00	Outlier Payments			657,985 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			16.005479 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)			6,680,975 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)			6,680,975 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			6,680,975 19.00
20.00	Deductibles			24,872 20.00
21.00	Subtotal (line 19 minus line 20)			6,656,103 21.00
22.00	Coinurance			32,660 22.00
23.00	Subtotal (line 21 minus line 22)			6,623,443 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,623,443 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)			0 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)			6,623,443 32.00
33.00	Interim payments			6,683,545 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)			-60,102 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2012 5:50 pm
		Title XIX	Hospital	Cost
				1.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		3,558,647	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,558,647	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,558,647	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		8,866,056	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		8,866,056	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		8,866,056	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		5,307,409	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		3,558,647	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		3,558,647	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		3,558,647	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		3,558,647	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		3,558,647	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		3,558,647	40.00
41.00	Interim payments		3,558,647	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2012 5:50 pm
		Title XIX	Subprovider - IRF	Tefra
				1.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		210	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		210	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		210	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		35,657	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		35,657	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		35,657	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		35,447	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		210	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		210	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		210	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		210	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		210	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		210	40.00
41.00	Interim payments		210	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/29/2012 5:50 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			7.76	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			0.86	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))			2.24	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)			9.14	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			9.28	6.00
7.00	Enter the lesser of line 5 or line 6			9.14	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.	1.18	7.25	8.43	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.	1.16	7.14	8.30	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	1.16	7.14		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.77	7.80		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.74	7.77		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.89	7.57		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.89	7.57		17.00
18.00	Per resident amount	76,530.84	73,964.92		18.00
19.00	Approved amount for resident costs	68,112	559,914	628,026	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.14	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			628,026	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	22,288	1,073		26.00
27.00	Total Inpatient Days	34,845	34,845		27.00
28.00	Ratio of inpatient days to total inpatient days	0.639633	0.030794		28.00
29.00	Program direct GME amount	401,706	19,339		29.00
30.00	Reduction for direct GME payments for Medicare managed care		2,733		30.00
31.00	Net Program direct GME amount			418,312	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/29/2012 5:50 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		38,626,384	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)		9,406	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		38,616,978	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		6,892,875	42.00
43.00	Primary payer payments (see instructions)		993	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		6,891,882	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		45,508,860	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.848560	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.151440	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		418,312	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		354,963	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		63,349	50.00

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

Provider CCN: 150090

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

Worksheet G  
Date/Time Prepared:  
5/29/2012 5:50 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	96,416,772	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	-26,743,391	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-9,900,995	0	0	0	6.00
7.00	Inventory	2,462,062	0	0	0	7.00
8.00	Prepaid expenses	510,175	0	0	0	8.00
9.00	Other current assets	1,317,287	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)	64,061,910	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	581,972	0	0	0	12.00
13.00	Land improvements	8,846,486	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	71,255,732	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,512,208	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	116,201,060	0	0	0	19.00
20.00	Accumulated depreciation	-107,669,354	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	90,728,104	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	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	108,518	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	108,518	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	154,898,532	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	5,661,381	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,726,483	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	4,492,875	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,880,739	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	32,057,372	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	32,057,372	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	48,938,111	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	105,960,421	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	105,960,421	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	154,898,532	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150090

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

Worksheet G-1

Date/Time Prepared:  
5/29/2012 5:50 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		88,053,418		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		17,743,097			2.00
3.00	Total (sum of line 1 and line 2)		105,796,515		0	3.00
4.00	Additions (credit adjustments) (specify)	163,906		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		163,906		0	10.00
11.00	Subtotal (line 3 plus line 10)		105,960,421		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		105,960,421		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150090

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

Worksheet G-1

Date/Time Prepared:  
5/29/2012 5:50 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150090

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

Worksheet G-2 Parts

Date/Time Prepared:  
5/29/2012 5:50 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	38,307,531		38,307,531	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	38,307,531		38,307,531	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	38,307,531		38,307,531	17.00
18.00	Ancillary services	173,862,325	151,137,813	325,000,138	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				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)	212,169,856	151,137,813	363,307,669	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		116,080,667		29.00
30.00	BAD DEBT EXPENSE	4,981,289			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		4,981,289		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		121,061,956		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150090

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

Worksheet G-3

Date/Time Prepared:  
5/29/2012 5:50 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	363,307,669	1.00
2.00	Less contractual allowances and discounts on patients' accounts	227,313,410	2.00
3.00	Net patient revenues (line 1 minus line 2)	135,994,259	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	121,061,956	4.00
5.00	Net income from service to patients (line 3 minus line 4)	14,932,303	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	PREMIUM REVENUE	204,649	24.00
24.01	OTHER NON-OPERATING REVENUE	2,669,352	24.01
24.02	NET ASSETS RELEASED	15,990	24.02
24.03		0	24.03
25.00	Total other income (sum of lines 6-24)	2,889,991	25.00
26.00	Total (line 5 plus line 25)	17,822,294	26.00
27.00	NON-OPERATING REVENUE	79,197	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	79,197	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	17,743,097	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150090	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/29/2012 5:50 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,046,829	1.00
2.00	Capital DRG outlier payments		100,897	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		79.46	3.00
4.00	Number of interns & residents (see instructions)		9.10	4.00
5.00	Indirect medical education percentage (see instructions)		3.28	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		67,136	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.23	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		7.36	8.00
9.00	Sum of lines 7 and 8		9.59	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.96	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		40,118	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,254,980	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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