

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: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/30/2012 10:06 am
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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: 5/30/2012	Time: 10:06 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 04 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

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

 Title

 Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	-300,470	-18,596	0	0
2.00 Subprovider - IPF	0	143,984	0	0	0
3.00 Subprovider - IRF	0	0	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 SKILLED NURSING FACILITY	0	0	0	0	0
8.00 NURSING FACILITY	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	-156,486	-18,596	0	0

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: 150009		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 9:57 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1220 MISSOURI AVENUE	PO Box: 69	Zip Code: 47130		County: CLARK				1.00	
2.00	City: JEFFERSONVILLE	State: IN							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	V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	CLARK MEMORIAL HOSPITAL	150009	31140	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	BEHAVIORAL MEDICINE UNIT	15S009	31140	4	01/01/1992	N	P	N	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF						N	N	N	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)					9				21.00
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					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 line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	5,446	1,399	0	349	3,764	0			24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0			25.00
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.					1				26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).					1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0				35.00
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 9:57 am		
		Beginning:	Ending:			
		1.00	2.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150009

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

Worksheet S-2
Part I
Date/Time Prepared:
5/30/2012 9:57 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150009		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 9:57 am	
				1.00	2.00	3.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N					75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0		76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.				N		80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.				N		86.00
				V		XIX	
				1.00		2.00	
Title V or XIX Inpatient Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N			Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N			N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N			N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N			N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00			0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N			N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00			0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical		Occupational		Speech	
		1.00		2.00		3.00	
		4.00					
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
				1.00		2.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N					115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					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.			0			118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.			0		0	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N			N		120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00

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		1.00	2.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y				145.00	
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B			
		1.00		2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		155.00	
156.00	Subprovider - IPF	N		N		156.00	
157.00	Subprovider - IRF	N		N		157.00	
158.00	SUBPROVIDER	N		N		158.00	
159.00	SNF	N		N		159.00	
160.00	HOME HEALTH AGENCY	N		N		160.00	
161.00	CMHC	N		N		161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	N				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 9:57 am
			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)	Y		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	R	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.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	03/27/2012	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: 150009

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

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2012 9:57 am

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150009

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

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2012 9:57 am

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/27/2012	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: 150009

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 9:57 am

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	135	49,275	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)		135	49,275	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	34	12,410	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)		169	61,685	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300			16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			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)		189				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150009

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	20,168	4,198	45,067		1.00
2.00 HMO		3,627	5,358			2.00
3.00 HMO IPF		314	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	20,168	4,198	45,067		7.00
8.00 INTENSIVE CARE UNIT	0	4,706	922	9,975		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		326	3,522		13.00
14.00 Total (see instructions)	0	24,874	5,446	58,564		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	2,600	0	3,394		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	3,385		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				478		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			154	344		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150009

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 9:57 am

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	5,313	1.00
2.00 HMO					843	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)	2.50	1,358.24	0.00	0	5,313	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	19.08	0.00	0	277	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			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)	2.50	1,377.32	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150009

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,177	14,103		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	1,177	14,103		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	329		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150009		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part II Date/Time Prepared: 5/30/2012 9:57 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	58,305,455	0	58,305,455	2,864,824.21	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		168,044	0	168,044	5,019.66	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,413,215	-184,066	1,229,149	54,762.45	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,834	0	1,834	32.25	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		12,651,774	0	12,651,774		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		279,892	0	279,892		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		0	0	0		22.00
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		30,301	0	30,301		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	418,189	0	418,189	13,892.00	26.00
27.00	Administrative & General	5.00	8,264,381	0	8,264,381	354,297.22	27.00
28.00	Administrative & General under contract (see inst.)		250,720	0	250,720	3,541.68	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	1,337,927	0	1,337,927	68,657.80	30.00
31.00	Laundry & Linen Service	8.00	124,775	0	124,775	10,417.50	31.00
32.00	Housekeeping	9.00	1,648,841	0	1,648,841	123,701.54	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	1,454,916	0	1,454,916	112,594.77	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	391,271	0	391,271	11,614.52	38.00
39.00	Central Services and Supply	14.00	325,211	0	325,211	22,174.61	39.00
40.00	Pharmacy	15.00	2,149,152	0	2,149,152	59,378.37	40.00
41.00	Medical Records & Medical Records Library	16.00	1,542,462	0	1,542,462	78,656.15	41.00
42.00	Social Service	17.00	1,573,077	0	1,573,077	52,664.06	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150009

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2012 9:57 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	20.35	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)	33.48	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)	22.45	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	56.87	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	30.10	26.00
27.00	Administrative & General	23.33	27.00
28.00	Administrative & General under contract (see inst.)	70.79	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	19.49	30.00
31.00	Laundry & Linen Service	11.98	31.00
32.00	Housekeeping	13.33	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	12.92	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	33.69	38.00
39.00	Central Services and Supply	14.67	39.00
40.00	Pharmacy	36.19	40.00
41.00	Medical Records & Medical Records Library	19.61	41.00
42.00	Social Service	29.87	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150009

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2012 9:57 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	58,388,131	0	58,388,131	2,863,346.23	1.00
2.00	Excluded area salaries (see instructions)	1,413,215	-184,066	1,229,149	54,762.45	2.00
3.00	Subtotal salaries (line 1 minus line 2)	56,974,916	184,066	57,158,982	2,808,583.78	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,834	0	1,834	32.25	4.00
5.00	Subtotal wage-related costs (see inst.)	12,651,774	0	12,651,774	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	69,628,524	184,066	69,812,590	2,808,616.03	6.00
7.00	Total overhead cost (see instructions)	19,480,922	0	19,480,922	911,590.22	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/30/2012 9:57 am
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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)	20.39	1.00
2.00	Excluded area salaries (see instructions)	22.45	2.00
3.00	Subtotal salaries (line 1 minus line 2)	20.35	3.00
4.00	Subtotal other wages & related costs (see inst.)	56.87	4.00
5.00	Subtotal wage-related costs (see inst.)	22.13	5.00
6.00	Total (sum of lines 3 thru 5)	24.86	6.00
7.00	Total overhead cost (see instructions)	21.37	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2012 9:57 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,681,213	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	36,032	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	6,168,351	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	176,083	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-248	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	142,615	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,196,126	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	99,499	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	188,135	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,687,806	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150009

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

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	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	0	0	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	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/30/2012 9:57 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.319374		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		7,998,028		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		5,367,000		5.00
6.00	Medicaid charges		79,774,672		6.00
7.00	Medicaid cost (line 1 times line 6)		25,477,956		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)		12,112,928		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		12,112,928		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	4,891,000	0	4,891,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,562,058	0	1,562,058	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,562,058	0	1,562,058	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)			41,651,000	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,226,155	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			40,424,845	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			12,910,644	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			14,472,702	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			26,585,630	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet A Date/Time Prepared: 5/30/2012 9:57 am
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		10,090,097	10,090,097	-3,504,918	6,585,179	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	6,251,052	6,251,052	2.00
4.00 EMPLOYEE BENEFITS	418,189	13,946,760	14,364,949	-18,296	14,346,653	4.00
5.01 NONPATIENT TELEPHONES	306,847	347,049	653,896	-58	653,838	5.01
5.02 PURCHASING, RECEIVING AND STORES	631,620	206,854	838,474	171,577	1,010,051	5.02
5.03 ADMINISTRATION	1,372,519	87,595	1,460,114	-837	1,459,277	5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	1,103,547	792,334	1,895,881	0	1,895,881	5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	4,849,848	9,081,025	13,930,873	-66,799	13,864,074	5.05
7.00 OPERATION OF PLANT	1,337,927	5,289,756	6,627,683	54,060	6,681,743	7.00
8.00 LAUNDRY & LINEN SERVICE	124,775	855,584	980,359	0	980,359	8.00
9.00 HOUSEKEEPING	1,648,841	314,762	1,963,603	-6,861	1,956,742	9.00
10.00 DIETARY	1,454,916	1,627,798	3,082,714	-13,623	3,069,091	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	391,271	22,406	413,677	-57	413,620	13.00
14.00 CENTRAL SERVICES & SUPPLY	325,211	54,857	380,068	76,688	456,756	14.00
15.00 PHARMACY	2,149,152	7,584,229	9,733,381	-418	9,732,963	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,542,462	513,347	2,055,809	-55	2,055,754	16.00
17.00 SOCIAL SERVICE	1,573,077	669,340	2,242,417	-4,539	2,237,878	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	168,044	168,044	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	11,169,000	1,170,972	12,339,972	-367,945	11,972,027	30.00
31.00 INTENSIVE CARE UNIT	4,017,124	793,460	4,810,584	-439,917	4,370,667	31.00
40.00 SUBPROVIDER - I PF	1,023,776	130,576	1,154,352	-210,298	944,054	40.00
41.00 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	809,314	113,103	922,417	-97,729	824,688	43.00
44.00 SKILLED NURSING FACILITY	0	10,714	10,714	-3,517	7,197	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	4,298,614	14,245,778	18,544,392	-11,079,388	7,465,004	50.00
51.00 RECOVERY ROOM	913,066	196,484	1,109,550	-429,694	679,856	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,332,059	365,113	1,697,172	0	1,697,172	52.00
54.00 RADIOLOGY-DIAGNOSTIC	4,333,284	2,752,896	7,086,180	-1,540,228	5,545,952	54.00
59.00 CARDIAC CATHETERIZATION	1,133,363	5,123,019	6,256,382	-517	6,255,865	59.00
60.00 LABORATORY	2,912,437	3,375,230	6,287,667	-8,634	6,279,033	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	1,367,382	1,367,382	-1,231,596	135,786	63.00
64.00 INTRAVENOUS THERAPY	242,911	440,323	683,234	0	683,234	64.00
65.00 RESPIRATORY THERAPY	1,505,581	841,017	2,346,598	-100,267	2,246,331	65.00
66.00 PHYSICAL THERAPY	749,278	30,366	779,644	-11,913	767,731	66.00
69.00 ELECTROCARDIOLOGY	483,952	44,322	528,274	-21,893	506,381	69.00
70.00 ELECTROENCEPHALOGRAPHY	75,585	61,814	137,399	182	137,581	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,323,417	9,323,417	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,699,889	6,699,889	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 DIABETES	129,342	11,175	140,517	0	140,517	76.00
76.01 PARTIAL HOSPITALIZATION	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	3,557,128	1,031,164	4,588,292	-655,507	3,932,785	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE		3,135,226	3,135,226	-2,850,505	284,721	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	57,916,016	86,723,927	144,639,943	78,900	144,718,843	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 SIRH	247,549	80,547	328,096	-78,762	249,334	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	141,890	505,181	647,071	-138	646,933	194.01
200.00 TOTAL (SUM OF LINES 118-199)	58,305,455	87,309,655	145,615,110	0	145,615,110	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150009

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

Worksheet A
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-683,465	5,901,714	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-229,485	6,021,567	2.00
4.00	EMPLOYEE BENEFITS	-80,886	14,265,767	4.00
5.01	NONPATIENT TELEPHONES	0	653,838	5.01
5.02	PURCHASING, RECEIVING AND STORES	-179	1,009,872	5.02
5.03	ADMINISTRATIVE	0	1,459,277	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	-815,771	1,080,110	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	-2,029,416	11,834,658	5.05
7.00	OPERATION OF PLANT	-243,303	6,438,440	7.00
8.00	LAUNDRY & LINEN SERVICE	0	980,359	8.00
9.00	HOUSEKEEPING	-1,946	1,954,796	9.00
10.00	DIETARY	-977,306	2,091,785	10.00
11.00	CAFETERIA	0	0	11.00
13.00	NURSING ADMINISTRATION	0	413,620	13.00
14.00	CENTRAL SERVICES & SUPPLY	-66,553	390,203	14.00
15.00	PHARMACY	4,117	9,737,080	15.00
16.00	MEDICAL RECORDS & LIBRARY	-19,265	2,036,489	16.00
17.00	SOCIAL SERVICE	0	2,237,878	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	168,044	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-2,305	11,969,722	30.00
31.00	INTENSIVE CARE UNIT	0	4,370,667	31.00
40.00	SUBPROVIDER - IPF	-77,595	866,459	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	824,688	43.00
44.00	SKILLED NURSING FACILITY	0	7,197	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-1,473,590	5,991,414	50.00
51.00	RECOVERY ROOM	0	679,856	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-3,750	1,693,422	52.00
54.00	RADIOLOGY-DIAGNOSTIC	-3,541	5,542,411	54.00
59.00	CARDIAC CATHETERIZATION	0	6,255,865	59.00
60.00	LABORATORY	-100,164	6,178,869	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	135,786	63.00
64.00	INTRAVENOUS THERAPY	2,648	685,882	64.00
65.00	RESPIRATORY THERAPY	-11,869	2,234,462	65.00
66.00	PHYSICAL THERAPY	0	767,731	66.00
69.00	ELECTROCARDIOLOGY	-7,184	499,197	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	137,581	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,323,417	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	6,699,889	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
76.00	DIABETES	0	140,517	76.00
76.01	PARTIAL HOSPITALIZATION	-100	-100	76.01
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	-87,405	3,845,380	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	-284,721	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-7,193,034	137,525,809	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	SIRH	0	249,334	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	0	646,933	194.01
200.00	TOTAL (SUM OF LINES 118-199)	-7,193,034	138,422,076	200.00

RECLASSIFICATIONS

Provider CCN: 150009

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

Worksheet A-6
Date/Time Prepared:
5/30/2012 9:57 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - INTERNS & RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM	22.00	0	168,044	1.00	
	COSTS APPRVD					
	TOTALS		0	168,044		
B - NEW DIRECTIONS						
1.00	ADULTS & PEDIATRICS	30.00	184,066	10,334	1.00	
	TOTALS		184,066	10,334		
C - INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,650,547	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	47,696	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	152,262	3.00	
	TOTALS		0	2,850,505		
D - DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,203,356	1.00	
	TOTALS		0	6,203,356		
E - INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	47,891	1.00	
	TOTALS		0	47,891		
F - UTILITIES						
1.00	OPERATION OF PLANT	7.00	0	55,290	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	55,290		
G - CHARGEABLE SUPPLIES						
1.00	PURCHASING, RECEIVING AND STORES	5.02	0	171,577	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	76,688	2.00	
3.00	ELECTROENCEPHALOGRAPHY	70.00	0	182	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16,023,306	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
	TOTALS		0	16,271,753		
H - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	6,699,889	1.00	
	TOTALS		0	6,699,889		
500.00	Grand Total: Increases		184,066	32,307,062	500.00	

RECLASSIFICATIONS

Provider CCN: 150009

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

Worksheet A-6

Date/Time Prepared:
5/30/2012 9:57 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - INTERNS & RESIDENTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	168,044	0		1.00
	TOTALS		0	168,044			
B - NEW DIRECTIONS							
1.00	SUBPROVIDER - IPF	40.00	184,066	10,334	0		1.00
	TOTALS		184,066	10,334			
C - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	2,850,505	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	2,850,505			
D - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,203,356	9		1.00
	TOTALS		0	6,203,356			
E - INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	47,891	12		1.00
	TOTALS		0	47,891			
F - UTILITIES							
1.00	OPERATING ROOM	50.00	0	1,291	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	53,999	0		2.00
	TOTALS		0	55,290			
G - CHARGEABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	18,296	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	58	0		2.00
3.00	ADMINISTRATIVE	5.03	0	837	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	3,126	0		4.00
5.00	OPERATION OF PLANT	7.00	0	1,230	0		5.00
6.00	HOUSEKEEPING	9.00	0	6,861	0		6.00
7.00	DIETARY	10.00	0	13,623	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	57	0		8.00
9.00	PHARMACY	15.00	0	418	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	55	0		10.00
11.00	SOCIAL SERVICE	17.00	0	4,539	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	562,345	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	439,917	0		13.00
14.00	SUBPROVIDER - IPF	40.00	0	15,898	0		14.00
15.00	NURSERY	43.00	0	97,729	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	3,517	0		16.00
17.00	OPERATING ROOM	50.00	0	11,078,097	0		17.00
18.00	RECOVERY ROOM	51.00	0	429,694	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,486,229	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	517	0		20.00
21.00	LABORATORY	60.00	0	8,634	0		21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,231,596	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	100,267	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	11,913	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	21,893	0		25.00
26.00	EMERGENCY	91.00	0	655,507	0		26.00
27.00	SI RH	194.00	0	78,762	0		27.00
28.00	OTHER NONREIMBURSABLE COST CENTERS	194.01	0	138	0		28.00
	TOTALS		0	16,271,753			
H - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,699,889	0		1.00
	TOTALS		0	6,699,889			
500.00	Grand Total: Decreases		184,066	32,307,062			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150009

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/30/2012 9:57 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,432,533	0	0	0	66,909 1.00
2.00	Land Improvements	1,545,186	0	0	0	0 2.00
3.00	Buildings and Fixtures	85,484,205	794,059	0	794,059	0 3.00
4.00	Building Improvements	0	7,989,979	0	7,989,979	0 4.00
5.00	Fixed Equipment	20,042,842	196,628	0	196,628	0 5.00
6.00	Movable Equipment	86,877,655	8,162,522	0	8,162,522	0 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	200,382,421	17,143,188	0	17,143,188	66,909 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	200,382,421	17,143,188	0	17,143,188	66,909 10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	10,064,324	0	0	0	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0 2.00
3.00	Total (sum of lines 1-2)	10,064,324	0	0	0	0 3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	122,418,523	0	122,418,523	0.562951	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	95,040,177	0	95,040,177	0.437049	0 2.00
3.00	Total (sum of lines 1-2)	217,458,700	0	217,458,700	1.000000	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150009

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/30/2012 9:57 am

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,365,624	0		1.00	
2.00	Land Improvements	1,545,186	0		2.00	
3.00	Buildings and Fixtures	86,278,264	0		3.00	
4.00	Building Improvements	7,989,979	0		4.00	
5.00	Fixed Equipment	20,239,470	0		5.00	
6.00	Movable Equipment	95,040,177	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	217,458,700	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	217,458,700	0		10.00	
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	25,773	10,090,097		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	25,773	10,090,097		3.00	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	3,177,503	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,973,871	0
3.00	Total (sum of lines 1-2)	0	0	0	9,151,374	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150009

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,650,547	47,891	0	25,773	5,901,714	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	47,696	0	0	0	6,021,567	2.00
3.00	Total (sum of lines 1-2)	2,698,243	47,891	0	25,773	11,923,281	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150009

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

Worksheet A-8
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00
3.00 Investment income - other (chapter 2)		0			0.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-7,104	NEW CAP REL COSTS-MVBLE EQUIP		2.00
8.00 Television and radio service (chapter 21)	A	-3,706	NEW CAP REL COSTS-MVBLE EQUIP		2.00
9.00 Parking lot (chapter 21)		0			0.00
10.00 Provider-based physician adjustment	A-8-2	-1,754,660			
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00
12.00 Related organization transactions (chapter 10)	A-8-1	-69,258			
13.00 Laundry and linen service		0			0.00
14.00 Cafeteria-employees and guests	B	-943,939	DIETARY		10.00
15.00 Rental of quarters to employee and others		0			0.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00
17.00 Sale of drugs to other than patients		0			0.00
18.00 Sale of medical records and abstracts		0			0.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00
20.00 Vending machines	B	-33,367	DIETARY		10.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***		19.00
29.00 Physicians' assistant					0.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***		67.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***		68.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0			0.00
33.00 AHA DUES - LOBBYING PORTION	A	-8,104	OTHER ADMINISTRATIVE AND GENERAL		5.05
34.00 NONALLOWABLE DEPRECIATION - BUILDING	A	-657,692	NEW CAP REL COSTS-BLDG & FIXT		1.00
35.00 NONALLOWABLE DEPRECIATION - EQUIP	A	-218,675	NEW CAP REL COSTS-MVBLE EQUIP		2.00
36.00 UTILITIES	A	-243,303	OPERATION OF PLANT		7.00
37.00 TAXI EXPENSE	A	-3,719	OTHER ADMINISTRATIVE AND GENERAL		5.05
38.00 PENSION VALUATION	A	-933,045	OTHER ADMINISTRATIVE AND GENERAL		5.05
39.00 ADVERTISING - PERSONNEL	A	-3,451	EMPLOYEE BENEFITS		4.00
40.00 ADVERTISING - BUSINESS OFFICE	A	-815,771	CASHIERING/ACCOUNTS RECEIVABLE		5.04
41.00 ADVERTISING - A & G	A	-850	OTHER ADMINISTRATIVE AND GENERAL		5.05
42.00 ADVERTISING - HOUSEKEEPING	A	-1,946	HOUSEKEEPING		9.00
43.00 ADVERTISING - A&P	A	-2,305	ADULTS & PEDIATRICS		30.00
44.00 ADVERTISING - PSYCH	A	-7,595	SUBPROVIDER - I PF		40.00

Provider CCN: 150009 Period: From 01/01/2011 To 12/31/2011 Worksheet A-8
 Date/Time Prepared: 5/30/2012 9:57 am

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
45.00 ADVERTISING - RADIOLOGY	A	-553	RADIOLOGY-DIAGNOSTIC	54.00	45.00	
46.00 ADVERTISING - PARTIALLY HOSPITALIZED	A	-100	PARTIAL HOSPITALIZATION	76.01	46.00	
47.00 GOODWILL AMORTIZATION	A	-25,773	NEW CAP REL COSTS-BLDG & FIXT	1.00	47.00	
48.00 PHYSICIAN RECRUITMENT	A	-270,300	OTHER ADMINISTRATIVE AND GENERAL	5.05	48.00	
49.00 DONATIONS	A	-145,202	OTHER ADMINISTRATIVE AND GENERAL	5.05	49.00	
49.01 INTEREST INCOME	B	-284,721	INTEREST EXPENSE	113.00	49.01	
49.02 RENTAL INCOME	B	-40,973	OTHER ADMINISTRATIVE AND GENERAL	5.05	49.02	
49.03 MISCELLANEOUS INCOME - A & G	B	-639,487	OTHER ADMINISTRATIVE AND GENERAL	5.05	49.03	
49.04 SELF INSURANCE ADJUSTMENT	A	-77,435	EMPLOYEE BENEFITS	4.00	49.04	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,193,034			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 150009

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

Worksheet A-8
Date/Time Prepared:
5/30/2012 9:57 am

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)	9	7.00
8.00 Television and radio service (chapter 21)	9	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 AHA DUES - LOBBYING PORTION	0	33.00
34.00 NONALLOWABLE DEPRECIATION - BUILDING	9	34.00
35.00 NONALLOWABLE DEPRECIATION - EQUIP	9	35.00
36.00 UTILITIES	0	36.00
37.00 TAXI EXPENSE	0	37.00
38.00 PENSION VALUATION	0	38.00
39.00 ADVERTISING - PERSONNEL	0	39.00
40.00 ADVERTISING - BUSINESS OFFICE	0	40.00
41.00 ADVERTISING - A & G	0	41.00
42.00 ADVERTISING - HOUSEKEEPING	0	42.00
43.00 ADVERTISING - A&P	0	43.00
44.00 ADVERTISING - PSYCH	0	44.00
45.00 ADVERTISING - RADIOLOGY	0	45.00
46.00 ADVERTISING - PARTIALLY HOSPITALIZED	0	46.00
47.00 GOODWILL AMORTIZATION	9	47.00
48.00 PHYSICIAN RECRUITMENT	0	48.00
49.00 DONATIONS	0	49.00
49.01 INTEREST INCOME	0	49.01
49.02 RENTAL INCOME	0	49.02
49.03 MISCELLANEOUS INCOME - A & G	0	49.03
49.04 SELF INSURANCE ADJUSTMENT	0	49.04
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 150009

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2012 9:57 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	15.00	PHARMACY	PHARMACY	1.00
2.00	14.00	CENTRAL SERVICES & SUPPLY	MEDICAL SUPPLIES	2.00
3.00	60.00	LABORATORY	LAB	3.00
4.00	64.00	INTRAVENOUS THERAPY	IV THERAPY	4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	X-RAY	4.01
4.02	69.00	ELECTROCARDIOLOGY	EKG	4.02
4.03	91.00	EMERGENCY	EMERGENCY ROOM	4.03
4.04	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	4.04
4.05	65.00	RESPIRATORY THERAPY	RESPIRATORY THERAPY	4.05
4.06	5.05	OTHER ADMINISTRATIVE AND GENERAL	A&G	4.06
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		C	0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

(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: 150009

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2012 9:57 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	60,192	56,075	4,117	0		1.00
2.00	155,865	222,418	-66,553	0		2.00
3.00	127,790	144,511	-16,721	0		3.00
4.00	16,553	13,905	2,648	0		4.00
4.01	1,228	663	565	0		4.01
4.02	16	0	16	0		4.02
4.03	338	260	78	0		4.03
4.04	28,335	28,348	-13	0		4.04
4.05	306,370	312,029	-5,659	0		4.05
4.06	12,264	0	12,264	0		4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	708,951	778,209	-69,258		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	SI RH	33.33	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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150009

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 9:57 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.02	PURCHASING, RECEIVING AND STORES	179	179	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	19,252	19,252	2.00
3.00	40.00	SUBPROVIDER - IPF	70,000	70,000	3.00
4.00	50.00	OPERATING ROOM	1,473,590	1,473,590	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	3,750	3,750	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	3,553	3,553	6.00
7.00	60.00	LABORATORY	83,443	83,443	7.00
8.00	65.00	RESPIRATORY THERAPY	6,210	6,210	8.00
9.00	69.00	ELECTROCARDIOLOGY	7,200	7,200	9.00
10.00	91.00	EMERGENCY	87,483	87,483	10.00
200.00			1,754,660	1,754,660	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150009

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 9:57 am

	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	177,200	0	0	0	1.00
2.00	0	177,200	0	0	0	2.00
3.00	0	154,100	0	0	0	3.00
4.00	0	208,000	0	0	0	4.00
5.00	0	196,400	0	0	0	5.00
6.00	0	225,300	0	0	0	6.00
7.00	0	215,700	0	0	0	7.00
8.00	0	177,200	0	0	0	8.00
9.00	0	177,200	0	0	0	9.00
10.00	0	177,200	0	0	0	10.00
200.00	0		0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150009

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 9:57 am

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150009

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 9:57 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00		0 179	1.00
2.00		0 19,252	2.00
3.00		0 70,000	3.00
4.00		0 1,473,590	4.00
5.00		0 3,750	5.00
6.00		0 3,553	6.00
7.00		0 83,443	7.00
8.00		0 6,210	8.00
9.00		0 7,200	9.00
10.00		0 87,483	10.00
200.00		0 1,754,660	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150009

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	5,901,714	5,901,714				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	6,021,567		6,021,567			2.00
4.00 EMPLOYEE BENEFITS	14,265,767	0	0	14,265,767		4.00
5.01 NONPATIENT TELEPHONES	653,838	0	0	75,620	729,458	5.01
5.02 PURCHASING, RECEIVING AND STORES	1,009,872	30,079	30,690	155,657	10,738	5.02
5.03 ADMITTING	1,459,277	221,942	226,449	338,245	10,022	5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	1,080,110	328,209	334,874	271,959	32,929	5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	11,834,658	533,406	544,238	1,195,201	210,461	5.05
7.00 OPERATION OF PLANT	6,438,440	888,132	906,168	329,720	20,044	7.00
8.00 LAUNDRY & LINEN SERVICE	980,359	0	0	30,750	1,432	8.00
9.00 HOUSEKEEPING	1,954,796	0	0	406,342	0	9.00
10.00 DIETARY	2,091,785	279,071	284,738	358,551	12,170	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	413,620	47,737	48,707	96,425	3,579	13.00
14.00 CENTRAL SERVICES & SUPPLY	390,203	92,430	94,307	80,145	5,727	14.00
15.00 PHARMACY	9,737,080	56,992	58,150	529,639	10,022	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,036,489	0	0	380,126	32,929	16.00
17.00 SOCIAL SERVICE	2,237,878	0	0	387,671	12,170	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	168,044	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	11,969,722	1,159,485	1,183,035	2,797,832	58,700	30.00
31.00 INTENSIVE CARE UNIT	4,370,667	112,204	114,482	989,984	19,328	31.00
40.00 SUBPROVIDER - IPF	866,459	248,794	253,846	206,939	7,159	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	824,688	0	0	199,448	0	43.00
44.00 SKILLED NURSING FACILITY	7,197	125,676	128,228	0	10,738	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	5,991,414	426,849	435,518	1,059,355	50,110	50.00
51.00 RECOVERY ROOM	679,856	0	0	225,017	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,693,422	232,491	237,212	328,274	10,022	52.00
54.00 RADIOLOGY-DIAGNOSTIC	5,542,411	423,775	432,381	1,067,899	35,793	54.00
59.00 CARDIAC CATHETERIZATION	6,255,865	97,423	99,401	279,307	15,033	59.00
60.00 LABORATORY	6,178,869	174,265	177,804	717,744	25,771	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	135,786	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	685,882	0	0	59,863	2,148	64.00
65.00 RESPIRATORY THERAPY	2,234,462	0	0	371,037	0	65.00
66.00 PHYSICAL THERAPY	767,731	0	0	184,653	5,011	66.00
69.00 ELECTROCARDIOLOGY	499,197	57,723	58,895	119,266	8,590	69.00
70.00 ELECTROENCEPHALOGRAPHY	137,581	9,377	9,567	18,627	3,579	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,323,417	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	6,699,889	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 DIABETES	140,517	0	0	31,875	0	76.00
76.01 PARTIAL HOSPITALIZATION	-100	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	3,845,380	308,709	314,978	876,622	36,509	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	137,525,809	5,854,769	5,973,668	14,169,793	650,714	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,421	12,674	0	2,863	190.00
194.00 SI RH	249,334	0	0	61,006	0	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	646,933	34,524	35,225	34,968	75,881	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	138,422,076	5,901,714	6,021,567	14,265,767	729,458	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150009		Period: 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/30/2012 9:57 am	
Cost Center Description		PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING, RECEIVING AND STORES	1,237,036					5.02
5.03	ADMINISTRATIVE	12,301	2,268,236				5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	0	0	2,048,081			5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	1,712	0	0	14,319,676	14,319,676	5.05
7.00	OPERATION OF PLANT	269	0	0	8,582,773	990,332	7.00
8.00	LAUNDRY & LINEN SERVICE	5,421	0	0	1,017,962	117,459	8.00
9.00	HOUSEKEEPING	36,176	0	0	2,397,314	276,616	9.00
10.00	DIETARY	4,838	0	0	3,031,153	349,753	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	8	0	0	610,076	70,394	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	662,812	76,479	14.00
15.00	PHARMACY	38,059	0	0	10,429,942	1,203,469	15.00
16.00	MEDICAL RECORDS & LIBRARY	254	0	0	2,449,798	282,672	16.00
17.00	SOCIAL SERVICE	0	0	0	2,637,719	304,356	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	168,044	19,390	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	86,544	149,121	134,640	17,539,079	2,023,761	30.00
31.00	INTENSIVE CARE UNIT	51,537	51,868	46,831	5,756,901	664,266	31.00
40.00	SUBPROVIDER - I PF	3,080	10,196	9,206	1,605,679	185,273	40.00
41.00	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	4,023	7,031	6,348	1,041,538	120,179	43.00
44.00	SKILLED NURSING FACILITY	1	0	0	271,840	31,367	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	94,815	166,660	150,476	8,375,197	966,380	50.00
51.00	RECOVERY ROOM	1,791	35,420	31,980	974,064	112,393	51.00
52.00	DELIVERY ROOM & LABOR ROOM	30,245	14,803	13,365	2,559,834	295,369	52.00
54.00	RADIOLOGY-DIAGNOSTIC	17,009	482,993	436,202	8,438,463	973,680	54.00
59.00	CARDIAC CATHETERIZATION	0	75,246	67,939	6,890,214	795,034	59.00
60.00	LABORATORY	726,184	252,724	228,183	8,481,544	978,651	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	48,937	94,595	85,409	364,727	42,084	63.00
64.00	INTRAVENOUS THERAPY	13,292	40,519	36,584	838,288	96,727	64.00
65.00	RESPIRATORY THERAPY	172	74,997	67,714	2,748,382	317,125	65.00
66.00	PHYSICAL THERAPY	27	17,489	15,791	990,702	114,313	66.00
69.00	ELECTROCARDIOLOGY	2,184	55,266	49,899	851,020	98,196	69.00
70.00	ELECTROENCEPHALOGRAPHY	765	7,261	6,555	193,312	22,305	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	300,863	271,647	9,895,927	1,141,851	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	111,138	100,345	6,911,372	797,476	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	206,779	186,699	393,478	45,402	73.00
74.00	RENAL DIALYSIS	0	2,389	2,157	4,546	525	74.00
76.00	DIABETES	0	0	0	172,392	19,892	76.00
76.01	PARTIAL HOSPITALIZATION	34	3,007	2,715	5,656	653	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	56,200	107,871	97,396	5,643,665	651,200	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,235,878	2,268,236	2,048,081	137,255,089	14,185,022	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	27,958	3,226	190.00
194.00	SIRH	538	0	0	310,878	35,871	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	620	0	0	828,151	95,557	194.01
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,237,036	2,268,236	2,048,081	138,422,076	14,319,676	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150009

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING, RECEIVING AND STORES						5.02
5.03	ADMITTING						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
7.00	OPERATION OF PLANT	9,573,105					7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,135,421				8.00
9.00	HOUSEKEEPING	0	0	2,673,930			9.00
10.00	DIETARY	685,029	0	165,057	4,230,992		10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	117,179	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	226,886	0	0	0	0	14.00
15.00	PHARMACY	139,898	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,846,161	703,960	1,056,368	3,406,161	0	30.00
31.00	INTENSIVE CARE UNIT	275,424	79,479	264,092	379,233	0	31.00
40.00	SUBPROVIDER - IPF	610,708	45,417	198,069	363,552	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	308,493	0	132,046	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,047,777	147,604	495,172	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	9,107	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	570,689	34,063	132,046	5,741	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	1,040,229	45,417	0	0	0	54.00
59.00	CARDIAC CATHETERIZATION	239,142	11,355	0	0	0	59.00
60.00	LABORATORY	427,765	0	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	141,691	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	23,017	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	DIABETES	0	0	0	0	0	76.00
76.01	PARTIAL HOSPITALIZATION	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	757,780	34,063	231,080	67,198	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,457,868	1,101,358	2,673,930	4,230,992	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,491	0	0	0	0	190.00
194.00	SIRH	0	0	0	0	0	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	84,746	34,063	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	9,573,105	1,135,421	2,673,930	4,230,992	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150009		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/30/2012 9:57 am	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
		13.00	14.00	15.00	16.00	16A	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING, RECEIVING AND STORES						5.02
5.03	ADMINISTRATION						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	797,649					13.00
14.00	CENTRAL SERVICES & SUPPLY	0	966,177				14.00
15.00	PHARMACY	0	0	11,773,309			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	2,732,470		16.00
17.00	SOCIAL SERVICE	0	0	0	0	2,942,075	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	187,434	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	360,419	0	0	12,671	27,948,580	30.00
31.00	INTENSIVE CARE UNIT	113,229	0	0	402	7,533,026	31.00
40.00	SUBPROVIDER - IPF	26,119	0	0	0	3,034,817	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	17,153	0	0	12,359	1,191,229	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	743,746	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	103,510	0	0	15,348	11,150,988	50.00
51.00	RECOVERY ROOM	20,373	0	0	134	1,116,071	51.00
52.00	DELIVERY ROOM & LABOR ROOM	31,713	0	0	18,337	3,647,792	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	639,081	11,136,870	54.00
59.00	CARDIAC CATHETERIZATION	23,708	0	0	12,493	7,971,946	59.00
60.00	LABORATORY	0	0	0	1,252,596	11,140,556	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	105,339	512,150	63.00
64.00	INTRAVENOUS THERAPY	4,978	0	0	59,161	999,154	64.00
65.00	RESPIRATORY THERAPY	0	0	0	125,327	3,190,834	65.00
66.00	PHYSICAL THERAPY	0	0	0	29,804	1,134,819	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	92,266	1,183,173	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	5,666	244,300	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	560,383	0	0	11,598,161	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	405,794	0	0	8,114,642	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	11,773,309	0	12,212,189	73.00
74.00	RENAL DIALYSIS	0	0	0	0	5,071	74.00
76.00	DIABETES	0	0	0	0	192,284	76.00
76.01	PARTIAL HOSPITALIZATION	0	0	0	2,454	8,763	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	96,447	0	0	349,032	7,830,465	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	797,649	966,177	11,773,309	2,732,470	136,971,135	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	61,675	190.00
194.00	SIRH	0	0	0	0	346,749	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1,042,517	194.01
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	797,649	966,177	11,773,309	2,732,470	138,422,076	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150009

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	17.00	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 PURCHASING, RECEIVING AND STORES						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
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	2,942,075					17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,070	0	191,504			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	606,923	0	191,504	28,747,007	-191,504	30.00
31.00 INTENSIVE CARE UNIT	163,587	0	0	7,696,613	0	31.00
40.00 SUBPROVIDER - I PF	65,904	0	0	3,100,721	0	40.00
41.00 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	25,869	0	0	1,217,098	0	43.00
44.00 SKILLED NURSING FACILITY	16,151	0	0	759,897	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	242,155	0	0	11,393,143	0	50.00
51.00 RECOVERY ROOM	24,237	0	0	1,140,308	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	79,215	0	0	3,727,007	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	241,848	0	0	11,378,718	0	54.00
59.00 CARDIAC CATHETERIZATION	173,119	0	0	8,145,065	0	59.00
60.00 LABORATORY	241,928	0	0	11,382,484	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	11,122	0	0	523,272	0	63.00
64.00 INTRAVENOUS THERAPY	21,698	0	0	1,020,852	0	64.00
65.00 RESPIRATORY THERAPY	69,292	0	0	3,260,126	0	65.00
66.00 PHYSICAL THERAPY	24,644	0	0	1,159,463	0	66.00
69.00 ELECTROCARDIOLOGY	25,694	0	0	1,208,867	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	5,305	0	0	249,605	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	251,866	0	0	11,850,027	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	176,218	0	0	8,290,860	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	265,200	0	0	12,477,389	0	73.00
74.00 RENAL DIALYSIS	110	0	0	5,181	0	74.00
76.00 DIABETES	4,176	0	0	196,460	0	76.00
76.01 PARTIAL HOSPITALIZATION	190	0	0	8,953	0	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	170,046	0	0	8,000,511	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,910,567	0	191,504	136,939,627	-191,504	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,339	0	0	63,014	0	190.00
194.00 SI RH	7,530	0	0	354,279	0	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	22,639	0	0	1,065,156	0	194.01
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,942,075	0	191,504	138,422,076	-191,504	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150009

Period:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	NONPATIENT TELEPHONES		5.01
5.02	PURCHASING, RECEIVING AND STORES		5.02
5.03	ADMITTING		5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL		5.05
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
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	28,555,503	30.00
31.00	INTENSIVE CARE UNIT	7,696,613	31.00
40.00	SUBPROVIDER - IPF	3,100,721	40.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	1,217,098	43.00
44.00	SKILLED NURSING FACILITY	759,897	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	11,393,143	50.00
51.00	RECOVERY ROOM	1,140,308	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,727,007	52.00
54.00	RADIOLOGY-DIAGNOSTIC	11,378,718	54.00
59.00	CARDIAC CATHETERIZATION	8,145,065	59.00
60.00	LABORATORY	11,382,484	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	523,272	63.00
64.00	INTRAVENOUS THERAPY	1,020,852	64.00
65.00	RESPIRATORY THERAPY	3,260,126	65.00
66.00	PHYSICAL THERAPY	1,159,463	66.00
69.00	ELECTROCARDIOLOGY	1,208,867	69.00
70.00	ELECTROENCEPHALOGRAPHY	249,605	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,850,027	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	8,290,860	72.00
73.00	DRUGS CHARGED TO PATIENTS	12,477,389	73.00
74.00	RENAL DIALYSIS	5,181	74.00
76.00	DIABETES	196,460	76.00
76.01	PARTIAL HOSPITALIZATION	8,953	76.01
OUTPATIENT SERVICE COST CENTERS			
91.00	EMERGENCY	8,000,511	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	136,748,123	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	63,014	190.00
194.00	SIRH	354,279	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	1,065,156	194.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	138,230,572	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150009

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	4.00
5.01	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	PURCHASING, RECEIVING AND STORES	0	30,079	30,690	60,769	5.02
5.03	ADMITTING	0	221,942	226,449	448,391	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	0	328,209	334,874	663,083	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	0	533,406	544,238	1,077,644	5.05
7.00	OPERATION OF PLANT	0	888,132	906,168	1,794,300	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	0	0	0	9.00
10.00	DIETARY	0	279,071	284,738	563,809	10.00
11.00	CAFETERIA	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	47,737	48,707	96,444	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	92,430	94,307	186,737	14.00
15.00	PHARMACY	0	56,992	58,150	115,142	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,159,485	1,183,035	2,342,520	30.00
31.00	INTENSIVE CARE UNIT	0	112,204	114,482	226,686	31.00
40.00	SUBPROVIDER - IPF	0	248,794	253,846	502,640	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	125,676	128,228	253,904	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	426,849	435,518	862,367	50.00
51.00	RECOVERY ROOM	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	232,491	237,212	469,703	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	423,775	432,381	856,156	54.00
59.00	CARDIAC CATHETERIZATION	0	97,423	99,401	196,824	59.00
60.00	LABORATORY	0	174,265	177,804	352,069	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	57,723	58,895	116,618	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	9,377	9,567	18,944	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	74.00
76.00	DIABETES	0	0	0	0	76.00
76.01	PARTIAL HOSPITALIZATION	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	0	308,709	314,978	623,687	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,854,769	5,973,668	11,828,437	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,421	12,674	25,095	190.00
194.00	SIRH	0	0	0	0	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	0	34,524	35,225	69,749	194.01
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	5,901,714	6,021,567	11,923,281	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150009		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 9:57 am	
Cost Center Description		NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES	0					5.01
5.02	PURCHASING, RECEIVING AND STORES	0	60,769				5.02
5.03	ADMINITTING	0	604	448,995			5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	663,083		5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	0	84	0	0	1,077,728	5.05
7.00	OPERATION OF PLANT	0	13	0	0	74,533	7.00
8.00	LAUNDRY & LINEN SERVICE	0	266	0	0	8,840	8.00
9.00	HOUSEKEEPING	0	1,777	0	0	20,818	9.00
10.00	DIETARY	0	238	0	0	26,323	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	5,298	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	5,756	14.00
15.00	PHARMACY	0	1,870	0	0	90,574	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	12	0	0	21,274	16.00
17.00	SOCIAL SERVICE	0	0	0	0	22,906	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,459	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	4,251	29,533	43,585	152,329	30.00
31.00	INTENSIVE CARE UNIT	0	2,532	10,272	15,160	49,993	31.00
40.00	SUBPROVIDER - I PF	0	151	2,019	2,980	13,944	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	198	1,392	2,055	9,045	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	2,361	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	4,658	33,006	48,711	72,730	50.00
51.00	RECOVERY ROOM	0	88	7,015	10,353	8,459	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,486	2,932	4,327	22,230	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	836	95,435	141,290	73,280	54.00
59.00	CARDIAC CATHETERIZATION	0	0	14,902	21,993	59,835	59.00
60.00	LABORATORY	0	35,675	50,051	73,867	73,654	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	2,404	18,734	27,648	3,167	63.00
64.00	INTRAVENOUS THERAPY	0	653	8,025	11,843	7,280	64.00
65.00	RESPIRATORY THERAPY	0	8	14,853	21,920	23,867	65.00
66.00	PHYSICAL THERAPY	0	1	3,464	5,112	8,603	66.00
69.00	ELECTROCARDIOLOGY	0	107	10,945	16,153	7,390	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	38	1,438	2,122	1,679	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	59,585	87,937	85,936	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	22,010	32,483	60,018	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	40,952	60,438	3,417	73.00
74.00	RENAL DIALYSIS	0	0	473	698	39	74.00
76.00	DIABETES	0	0	0	0	1,497	76.00
76.01	PARTIAL HOSPITALIZATION	0	2	596	879	49	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	2,761	21,363	31,529	49,010	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	60,713	448,995	663,083	1,067,593	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	243	190.00
194.00	SIRH	0	26	0	0	2,700	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	0	30	0	0	7,192	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	60,769	448,995	663,083	1,077,728	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150009

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING, RECEIVING AND STORES						5.02
5.03	ADMITTING						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
7.00	OPERATION OF PLANT	1,868,846					7.00
8.00	LAUNDRY & LINEN SERVICE	0	9,106				8.00
9.00	HOUSEKEEPING	0	0	22,595			9.00
10.00	DIETARY	133,730	0	1,395	725,495		10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	22,876	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	44,292	0	0	0	0	14.00
15.00	PHARMACY	27,311	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	555,623	5,647	8,925	584,058	0	30.00
31.00	INTENSIVE CARE UNIT	53,768	637	2,232	65,028	0	31.00
40.00	SUBPROVIDER - IPF	119,221	364	1,674	62,339	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	60,223	0	1,116	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	204,545	1,184	4,184	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	1,562	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	111,409	273	1,116	985	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	203,072	364	0	0	0	54.00
59.00	CARDIAC CATHETERIZATION	46,685	91	0	0	0	59.00
60.00	LABORATORY	83,508	0	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	27,661	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,493	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	DIABETES	0	0	0	0	0	76.00
76.01	PARTIAL HOSPITALIZATION	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	147,933	273	1,953	11,523	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,846,350	8,833	22,595	725,495	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,952	0	0	0	0	190.00
194.00	SIRH	0	0	0	0	0	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	16,544	273	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,868,846	9,106	22,595	725,495	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150009		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 9:57 am	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING, RECEIVING AND STORES						5.02
5.03	ADMINISTRATION						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	124,618					13.00
14.00	CENTRAL SERVICES & SUPPLY	0	236,785				14.00
15.00	PHARMACY	0	0	234,897			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	21,286		16.00
17.00	SOCIAL SERVICE	0	0	0	0	22,906	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	32	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	56,307	0	0	99	4,734	30.00
31.00	INTENSIVE CARE UNIT	17,690	0	0	3	1,273	31.00
40.00	SUBPROVIDER - IPF	4,081	0	0	0	513	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	2,680	0	0	96	201	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	126	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	16,172	0	0	120	1,885	50.00
51.00	RECOVERY ROOM	3,183	0	0	1	189	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,955	0	0	143	616	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	4,978	1,882	54.00
59.00	CARDIAC CATHETERIZATION	3,704	0	0	97	1,347	59.00
60.00	LABORATORY	0	0	0	9,758	1,883	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	821	87	63.00
64.00	INTRAVENOUS THERAPY	778	0	0	461	169	64.00
65.00	RESPIRATORY THERAPY	0	0	0	976	539	65.00
66.00	PHYSICAL THERAPY	0	0	0	232	192	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	719	200	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	44	41	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	137,335	0	0	1,960	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	99,450	0	0	1,371	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	234,897	0	2,064	73.00
74.00	RENAL DIALYSIS	0	0	0	0	1	74.00
76.00	DIABETES	0	0	0	0	32	76.00
76.01	PARTIAL HOSPITALIZATION	0	0	0	19	1	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	15,068	0	0	2,719	1,323	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	124,618	236,785	234,897	21,286	22,661	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	10	190.00
194.00	SIRH	0	0	0	0	59	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	176	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	124,618	236,785	234,897	21,286	22,906	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150009

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	NONPATIENT TELEPHONES					5.01
5.02	PURCHASING, RECEIVING AND STORES					5.02
5.03	ADMINISTRATIVE					5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL					5.05
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
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		1,491			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		3,787,611	0	3,787,611	30.00
31.00	INTENSIVE CARE UNIT		445,274	0	445,274	31.00
40.00	SUBPROVIDER - I PF		709,926	0	709,926	40.00
41.00	SUBPROVIDER - I RF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		15,667	0	15,667	43.00
44.00	SKILLED NURSING FACILITY		317,730	0	317,730	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		1,249,562	0	1,249,562	50.00
51.00	RECOVERY ROOM		30,850	0	30,850	51.00
52.00	DELIVERY ROOM & LABOR ROOM		620,175	0	620,175	52.00
54.00	RADIOLOGY-DIAGNOSTIC		1,377,293	0	1,377,293	54.00
59.00	CARDIAC CATHETERIZATION		345,478	0	345,478	59.00
60.00	LABORATORY		680,465	0	680,465	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.		52,861	0	52,861	63.00
64.00	INTRAVENOUS THERAPY		29,209	0	29,209	64.00
65.00	RESPIRATORY THERAPY		62,163	0	62,163	65.00
66.00	PHYSICAL THERAPY		17,604	0	17,604	66.00
69.00	ELECTROCARDIOLOGY		179,793	0	179,793	69.00
70.00	ELECTROENCEPHALOGRAPHY		28,799	0	28,799	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		372,753	0	372,753	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		215,332	0	215,332	72.00
73.00	DRUGS CHARGED TO PATIENTS		341,768	0	341,768	73.00
74.00	RENAL DIALYSIS		1,211	0	1,211	74.00
76.00	DIABETES		1,529	0	1,529	76.00
76.01	PARTIAL HOSPITALIZATION		1,546	0	1,546	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY		909,142	0	909,142	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	11,793,741	0	11,793,741
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN		31,300	0	31,300	190.00
194.00	SIRH		2,785	0	2,785	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS		93,964	0	93,964	194.01
200.00	Cross Foot Adjustments	0	1,491	0	1,491	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,491	11,923,281	0	11,923,281

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150009

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	(# OF PHONES)	(SUPPLIES)	
	1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	387,701					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		387,701				2.00
4.00 EMPLOYEE BENEFITS	0	0	57,887,266			4.00
5.01 NONPATIENT TELEPHONES	0	0	306,847	1,019		5.01
5.02 PURCHASING, RECEIVING AND STORES	1,976	1,976	631,620	15	3,315,470	5.02
5.03 ADMITTING	14,580	14,580	1,372,519	14	32,970	5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	21,561	21,561	1,103,547	46	0	5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	35,041	35,041	4,849,848	294	4,588	5.05
7.00 OPERATION OF PLANT	58,344	58,344	1,337,927	28	720	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	124,775	2	14,528	8.00
9.00 HOUSEKEEPING	0	0	1,648,841	0	96,959	9.00
10.00 DIETARY	18,333	18,333	1,454,916	17	12,968	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	3,136	3,136	391,271	5	21	13.00
14.00 CENTRAL SERVICES & SUPPLY	6,072	6,072	325,211	8	0	14.00
15.00 PHARMACY	3,744	3,744	2,149,152	14	102,004	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	1,542,462	46	680	16.00
17.00 SOCIAL SERVICE	0	0	1,573,077	17	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	76,170	76,170	11,353,066	82	231,953	30.00
31.00 INTENSIVE CARE UNIT	7,371	7,371	4,017,124	27	138,129	31.00
40.00 SUBPROVIDER - IPF	16,344	16,344	839,710	10	8,254	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	809,314	0	10,783	43.00
44.00 SKILLED NURSING FACILITY	8,256	8,256	0	15	4	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	28,041	28,041	4,298,614	70	254,122	50.00
51.00 RECOVERY ROOM	0	0	913,066	0	4,799	51.00
52.00 DELIVERY ROOM & LABOR ROOM	15,273	15,273	1,332,059	14	81,063	52.00
54.00 RADIOLOGY-DIAGNOSTIC	27,839	27,839	4,333,284	50	45,588	54.00
59.00 CARDIAC CATHETERIZATION	6,400	6,400	1,133,363	21	0	59.00
60.00 LABORATORY	11,448	11,448	2,912,437	36	1,946,292	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	131,161	63.00
64.00 INTRAVENOUS THERAPY	0	0	242,911	3	35,626	64.00
65.00 RESPIRATORY THERAPY	0	0	1,505,581	0	461	65.00
66.00 PHYSICAL THERAPY	0	0	749,278	7	73	66.00
69.00 ELECTROCARDIOLOGY	3,792	3,792	483,952	12	5,853	69.00
70.00 ELECTROENCEPHALOGRAPHY	616	616	75,585	5	2,050	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 DIABETES	0	0	129,342	0	0	76.00
76.01 PARTIAL HOSPITALIZATION	0	0	0	0	91	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	20,280	20,280	3,557,128	51	150,626	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	384,617	384,617	57,497,827	909	3,312,366	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	816	816	0	4	0	190.00
194.00 SI RH	0	0	247,549	0	1,441	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	2,268	2,268	141,890	106	1,663	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,901,714	6,021,567	14,265,767	729,458	1,237,036	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	15.222334	15.531471	0.246441	715.856722	0.373110	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			0	0	60,769	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	0.018329	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150009

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	5.03	5.04	5A.05	5.05	7.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 PURCHASING, RECEIVING AND STORES						5.02
5.03 ADMINISTRATION	434,421,740					5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	0	434,421,740				5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	0	0	-14,319,676	124,102,400		5.05
7.00 OPERATION OF PLANT	0	0	0	8,582,773	256,199	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	1,017,962	0	8.00
9.00 HOUSEKEEPING	0	0	0	2,397,314	0	9.00
10.00 DIETARY	0	0	0	3,031,153	18,333	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	0	0	0	610,076	3,136	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	662,812	6,072	14.00
15.00 PHARMACY	0	0	0	10,429,942	3,744	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	2,449,798	0	16.00
17.00 SOCIAL SERVICE	0	0	0	2,637,719	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	168,044	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	28,561,833	28,561,833	0	17,539,079	76,170	30.00
31.00 INTENSIVE CARE UNIT	9,934,542	9,934,542	0	5,756,901	7,371	31.00
40.00 SUBPROVIDER - IPF	1,952,876	1,952,876	0	1,605,679	16,344	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,346,612	1,346,612	0	1,041,538	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	271,840	8,256	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	31,921,031	31,921,031	0	8,375,197	28,041	50.00
51.00 RECOVERY ROOM	6,784,134	6,784,134	0	974,064	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,835,266	2,835,266	0	2,559,834	15,273	52.00
54.00 RADIOLOGY-DIAGNOSTIC	92,486,691	92,486,691	0	8,438,463	27,839	54.00
59.00 CARDIAC CATHETERIZATION	14,412,117	14,412,117	0	6,890,214	6,400	59.00
60.00 LABORATORY	48,405,320	48,405,320	0	8,481,544	11,448	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	18,118,167	18,118,167	0	364,727	0	63.00
64.00 INTRAVENOUS THERAPY	7,760,768	7,760,768	0	838,288	0	64.00
65.00 RESPIRATORY THERAPY	14,364,509	14,364,509	0	2,748,382	0	65.00
66.00 PHYSICAL THERAPY	3,349,827	3,349,827	0	990,702	0	66.00
69.00 ELECTROCARDIOLOGY	10,585,313	10,585,313	0	851,020	3,792	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,390,639	1,390,639	0	193,312	616	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	57,625,504	57,625,504	0	9,895,927	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	21,286,646	21,286,646	0	6,911,372	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	39,605,302	39,605,302	0	393,478	0	73.00
74.00 RENAL DIALYSIS	457,653	457,653	0	4,546	0	74.00
76.00 DIABETES	0	0	0	172,392	0	76.00
76.01 PARTIAL HOSPITALIZATION	576,016	576,016	0	5,656	0	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	20,660,974	20,660,974	0	5,643,665	20,280	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	434,421,740	434,421,740	-14,319,676	122,935,413	253,115	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	27,958	816	190.00
194.00 SIRH	0	0	0	310,878	0	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	828,151	2,268	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,268,236	2,048,081		14,319,676	9,573,105	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.005221	0.004714		0.115386	37.365895	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	448,995	663,083		1,077,728	1,868,846	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.001034	0.001526		0.008684	7.294509	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150009

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
	8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 PURCHASING, RECEIVING AND STORES						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE	1,494,657					8.00
9.00 HOUSEKEEPING	0	648				9.00
10.00 DIETARY	0	40	243,919			10.00
11.00 CAFETERIA	0	0	0	1,847,093		11.00
13.00 NURSING ADMINISTRATION	0	0	0	11,615	1,212,219	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 PHARMACY	0	0	0	81,553	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	78,656	0	16.00
17.00 SOCIAL SERVICE	0	0	0	52,664	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	926,687	256	196,367	547,742	547,742	30.00
31.00 INTENSIVE CARE UNIT	104,626	64	21,863	172,078	172,078	31.00
40.00 SUBPROVIDER - IPF	59,786	48	20,959	39,694	39,694	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	26,068	26,068	43.00
44.00 SKILLED NURSING FACILITY	0	32	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	194,305	120	0	157,309	157,309	50.00
51.00 RECOVERY ROOM	0	0	525	30,962	30,962	51.00
52.00 DELIVERY ROOM & LABOR ROOM	44,840	32	331	48,196	48,196	52.00
54.00 RADIOLOGY-DIAGNOSTIC	59,786	0	0	163,320	0	54.00
59.00 CARDIAC CATHETERIZATION	14,947	0	0	36,030	36,030	59.00
60.00 LABORATORY	0	0	0	126,016	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	7,566	7,566	64.00
65.00 RESPIRATORY THERAPY	0	0	0	58,398	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	20,549	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	17,971	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	2,689	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 DIABETES	0	0	0	0	0	76.00
76.01 PARTIAL HOSPITALIZATION	0	0	0	6,375	0	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	44,840	56	3,874	146,574	146,574	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,449,817	648	243,919	1,832,025	1,212,219	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 SIRH	0	0	0	9,217	0	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	44,840	0	0	5,851	0	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,135,421	2,673,930	4,230,992	0	797,649	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.759653	4,126.435185	17.345889	0.000000	0.658007	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	9,106	22,595	725,495	0	124,618	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.006092	34.868827	2.974328	0.000000	0.102802	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150009

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	Reconciliation	SOCIAL SERVICE (ACCUM. COST)	
	14.00	15.00	16.00	17A	17.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 PURCHASING, RECEIVING AND STORES						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
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	100					14.00
15.00 PHARMACY	0	1,000				15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	61,244			16.00
17.00 SOCIAL SERVICE	0	0	0	-2,942,075	135,480,001	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	187,434	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	284	0	27,948,580	30.00
31.00 INTENSIVE CARE UNIT	0	0	9	0	7,533,026	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	3,034,817	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	277	0	1,191,229	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	743,746	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	344	0	11,150,988	50.00
51.00 RECOVERY ROOM	0	0	3	0	1,116,071	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	411	0	3,647,792	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	14,324	0	11,136,870	54.00
59.00 CARDIAC CATHETERIZATION	0	0	280	0	7,971,946	59.00
60.00 LABORATORY	0	0	28,075	0	11,140,556	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	2,361	0	512,150	63.00
64.00 INTRAVENOUS THERAPY	0	0	1,326	0	999,154	64.00
65.00 RESPIRATORY THERAPY	0	0	2,809	0	3,190,834	65.00
66.00 PHYSICAL THERAPY	0	0	668	0	1,134,819	66.00
69.00 ELECTROCARDIOLOGY	0	0	2,068	0	1,183,173	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	127	0	244,300	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	58	0	0	0	11,598,161	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	42	0	0	0	8,114,642	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,000	0	0	12,212,189	73.00
74.00 RENAL DIALYSIS	0	0	0	0	5,071	74.00
76.00 DIABETES	0	0	0	0	192,284	76.00
76.01 PARTIAL HOSPITALIZATION	0	0	55	0	8,763	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0	0	7,823	0	7,830,465	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100	1,000	61,244	-2,942,075	134,029,060	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	61,675	190.00
194.00 SIRH	0	0	0	0	346,749	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1,042,517	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	966,177	11,773,309	2,732,470		2,942,075	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	9,661.770000	11,773.309000	44.616126		0.021716	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	236,785	234,897	21,286		22,906	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2,367.850000	234.897000	0.347561		0.000169	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150009

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	21.00	22.00		
GENERAL SERVICE COST CENTERS				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.01 NONPATIENT TELEPHONES				5.01
5.02 PURCHASING, RECEIVING AND STORES				5.02
5.03 ADMITTING				5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL				5.05
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
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	100			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		100		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	100	100		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
76.00 DIABETES	0	0		76.00
76.01 PARTIAL HOSPITALIZATION	0	0		76.01
OUTPATIENT SERVICE COST CENTERS				
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
SPECIAL PURPOSE COST CENTERS				
113.00 INTEREST EXPENSE				113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100	100		118.00
NONREIMBURSABLE COST CENTERS				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
194.00 SIRTH	0	0		194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	0		194.01
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	191,504		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	1,915.040000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	1,491		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	14.910000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:57 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	28,555,503		28,555,503	0	28,555,503	30.00
31.00	INTENSIVE CARE UNIT	7,696,613		7,696,613	0	7,696,613	31.00
40.00	SUBPROVIDER - IPF	3,100,721		3,100,721	0	3,100,721	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	1,217,098		1,217,098	0	1,217,098	43.00
44.00	SKILLED NURSING FACILITY	759,897		759,897	0	759,897	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	11,393,143		11,393,143	0	11,393,143	50.00
51.00	RECOVERY ROOM	1,140,308		1,140,308	0	1,140,308	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,727,007		3,727,007	0	3,727,007	52.00
54.00	RADIOLOGY-DIAGNOSTIC	11,378,718		11,378,718	0	11,378,718	54.00
59.00	CARDIAC CATHETERIZATION	8,145,065		8,145,065	0	8,145,065	59.00
60.00	LABORATORY	11,382,484		11,382,484	0	11,382,484	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	523,272		523,272	0	523,272	63.00
64.00	INTRAVENOUS THERAPY	1,020,852		1,020,852	0	1,020,852	64.00
65.00	RESPIRATORY THERAPY	3,260,126	0	3,260,126	0	3,260,126	65.00
66.00	PHYSICAL THERAPY	1,159,463	0	1,159,463	0	1,159,463	66.00
69.00	ELECTROCARDIOLOGY	1,208,867		1,208,867	0	1,208,867	69.00
70.00	ELECTROENCEPHALOGRAPHY	249,605		249,605	0	249,605	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,850,027		11,850,027	0	11,850,027	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	8,290,860		8,290,860	0	8,290,860	72.00
73.00	DRUGS CHARGED TO PATIENTS	12,477,389		12,477,389	0	12,477,389	73.00
74.00	RENAL DIALYSIS	5,181		5,181	0	5,181	74.00
76.00	DIABETES	196,460		196,460	0	196,460	76.00
76.01	PARTIAL HOSPITALIZATION	8,953		8,953	0	8,953	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	8,000,511		8,000,511	0	8,000,511	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,994,984		1,994,984	0	1,994,984	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	138,743,107	0	138,743,107	0	138,743,107	200.00
201.00	Less Observation Beds	1,994,984		1,994,984		1,994,984	201.00
202.00	Total (see instructions)	136,748,123	0	136,748,123	0	136,748,123	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:57 am
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	27,665,812		27,665,812		30.00
31.00	INTENSIVE CARE UNIT	9,934,542		9,934,542		31.00
40.00	SUBPROVIDER - IPF	1,952,876		1,952,876		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	1,346,612		1,346,612		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	12,701,143	19,219,888	31,921,031	0.356917	50.00
51.00	RECOVERY ROOM	2,878,142	3,905,992	6,784,134	0.168085	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,364,090	471,176	2,835,266	1.314518	52.00
54.00	RADIOLOGY-DIAGNOSTIC	28,726,863	63,759,828	92,486,691	0.123031	54.00
59.00	CARDIAC CATHETERIZATION	9,843,922	4,568,195	14,412,117	0.565154	59.00
60.00	LABORATORY	29,364,015	19,041,305	48,405,320	0.235149	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	12,030,330	6,087,837	18,118,167	0.028881	63.00
64.00	INTRAVENOUS THERAPY	3,230,965	4,529,803	7,760,768	0.131540	64.00
65.00	RESPIRATORY THERAPY	9,993,342	4,371,167	14,364,509	0.226957	65.00
66.00	PHYSICAL THERAPY	3,225,238	124,589	3,349,827	0.346126	66.00
69.00	ELECTROCARDIOLOGY	6,802,607	3,782,706	10,585,313	0.114202	69.00
70.00	ELECTROENCEPHALOGRAPHY	336,609	1,054,030	1,390,639	0.179489	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,651,933	20,973,571	57,625,504	0.205639	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	14,640,817	6,645,829	21,286,646	0.389486	72.00
73.00	DRUGS CHARGED TO PATIENTS	27,535,701	12,069,601	39,605,302	0.315043	73.00
74.00	RENAL DIALYSIS	453,573	4,080	457,653	0.011321	74.00
76.00	DIABETES	0	0	0	0.000000	76.00
76.01	PARTIAL HOSPITALIZATION	2,808	573,208	576,016	0.015543	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	5,626,418	15,034,556	20,660,974	0.387228	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	79,586	816,435	896,021	2.226492	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	247,387,944	187,033,796	434,421,740		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	247,387,944	187,033,796	434,421,740		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150009

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.356917			50.00
51.00	RECOVERY ROOM	0.168085			51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.314518			52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.123031			54.00
59.00	CARDIAC CATHETERIZATION	0.565154			59.00
60.00	LABORATORY	0.235149			60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.028881			63.00
64.00	INTRAVENOUS THERAPY	0.131540			64.00
65.00	RESPIRATORY THERAPY	0.226957			65.00
66.00	PHYSICAL THERAPY	0.346126			66.00
69.00	ELECTROCARDIOLOGY	0.114202			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.179489			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.205639			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.389486			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.315043			73.00
74.00	RENAL DIALYSIS	0.011321			74.00
76.00	DIABETES	0.000000			76.00
76.01	PARTIAL HOSPITALIZATION	0.015543			76.01
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.387228			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2.226492			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: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:57 am
		Title XIX	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		28,555,503	0	28,555,503	30.00
31.00	INTENSIVE CARE UNIT		7,696,613	0	7,696,613	31.00
40.00	SUBPROVIDER - IPF		3,100,721	0	3,100,721	40.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		1,217,098	0	1,217,098	43.00
44.00	SKILLED NURSING FACILITY		759,897	0	759,897	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		11,393,143	0	11,393,143	50.00
51.00	RECOVERY ROOM		1,140,308	0	1,140,308	51.00
52.00	DELIVERY ROOM & LABOR ROOM		3,727,007	0	3,727,007	52.00
54.00	RADIOLOGY-DIAGNOSTIC		11,378,718	0	11,378,718	54.00
59.00	CARDIAC CATHETERIZATION		8,145,065	0	8,145,065	59.00
60.00	LABORATORY		11,382,484	0	11,382,484	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.		523,272	0	523,272	63.00
64.00	INTRAVENOUS THERAPY		1,020,852	0	1,020,852	64.00
65.00	RESPIRATORY THERAPY	0	3,260,126	0	3,260,126	65.00
66.00	PHYSICAL THERAPY	0	1,159,463	0	1,159,463	66.00
69.00	ELECTROCARDIOLOGY		1,208,867	0	1,208,867	69.00
70.00	ELECTROENCEPHALOGRAPHY		249,605	0	249,605	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		11,850,027	0	11,850,027	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		8,290,860	0	8,290,860	72.00
73.00	DRUGS CHARGED TO PATIENTS		12,477,389	0	12,477,389	73.00
74.00	RENAL DIALYSIS		5,181	0	5,181	74.00
76.00	DIABETES		196,460	0	196,460	76.00
76.01	PARTIAL HOSPITALIZATION		8,953	0	8,953	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY		8,000,511	0	8,000,511	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,994,984	0	1,994,984	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		138,743,107	0	138,743,107	200.00
201.00	Less Observation Beds		1,994,984		1,994,984	201.00
202.00	Total (see instructions)		136,748,123	0	136,748,123	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:57 am
		Title XIX	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	27,665,812		27,665,812		30.00
31.00	INTENSIVE CARE UNIT	9,934,542		9,934,542		31.00
40.00	SUBPROVIDER - IPF	1,952,876		1,952,876		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	1,346,612		1,346,612		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	12,701,143	19,219,888	31,921,031	0.356917	50.00
51.00	RECOVERY ROOM	2,878,142	3,905,992	6,784,134	0.168085	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,364,090	471,176	2,835,266	1.314518	52.00
54.00	RADIOLOGY-DIAGNOSTIC	28,726,863	63,759,828	92,486,691	0.123031	54.00
59.00	CARDIAC CATHETERIZATION	9,843,922	4,568,195	14,412,117	0.565154	59.00
60.00	LABORATORY	29,364,015	19,041,305	48,405,320	0.235149	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	12,030,330	6,087,837	18,118,167	0.028881	63.00
64.00	INTRAVENOUS THERAPY	3,230,965	4,529,803	7,760,768	0.131540	64.00
65.00	RESPIRATORY THERAPY	9,993,342	4,371,167	14,364,509	0.226957	65.00
66.00	PHYSICAL THERAPY	3,225,238	124,589	3,349,827	0.346126	66.00
69.00	ELECTROCARDIOLOGY	6,802,607	3,782,706	10,585,313	0.114202	69.00
70.00	ELECTROENCEPHALOGRAPHY	336,609	1,054,030	1,390,639	0.179489	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,651,933	20,973,571	57,625,504	0.205639	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	14,640,817	6,645,829	21,286,646	0.389486	72.00
73.00	DRUGS CHARGED TO PATIENTS	27,535,701	12,069,601	39,605,302	0.315043	73.00
74.00	RENAL DIALYSIS	453,573	4,080	457,653	0.011321	74.00
76.00	DIABETES	0	0	0	0.000000	76.00
76.01	PARTIAL HOSPITALIZATION	2,808	573,208	576,016	0.015543	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	5,626,418	15,034,556	20,660,974	0.387228	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	79,586	816,435	896,021	2.226492	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	247,387,944	187,033,796	434,421,740		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	247,387,944	187,033,796	434,421,740		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:57 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.356917		50.00
51.00	RECOVERY ROOM	0.168085		51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.314518		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.123031		54.00
59.00	CARDIAC CATHETERIZATION	0.565154		59.00
60.00	LABORATORY	0.235149		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.028881		63.00
64.00	INTRAVENOUS THERAPY	0.131540		64.00
65.00	RESPIRATORY THERAPY	0.226957		65.00
66.00	PHYSICAL THERAPY	0.346126		66.00
69.00	ELECTROCARDIOLOGY	0.114202		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.179489		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.205639		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.389486		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.315043		73.00
74.00	RENAL DIALYSIS	0.011321		74.00
76.00	DIABETES	0.000000		76.00
76.01	PARTIAL HOSPITALIZATION	0.015543		76.01
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	0.387228		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2.226492		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

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

Provider CCN: 150009

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

Worksheet C Part II Date/Time Prepared: 5/30/2012 9:57 am

Cost Center Description		Title XIX			Hospital		PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	11,393,143	1,249,562	10,143,581	0	0	50.00
51.00	RECOVERY ROOM	1,140,308	30,850	1,109,458	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,727,007	620,175	3,106,832	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	11,378,718	1,377,293	10,001,425	0	0	54.00
59.00	CARDIAC CATHETERIZATION	8,145,065	345,478	7,799,587	0	0	59.00
60.00	LABORATORY	11,382,484	680,465	10,702,019	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	523,272	52,861	470,411	0	0	63.00
64.00	INTRAVENOUS THERAPY	1,020,852	29,209	991,643	0	0	64.00
65.00	RESPIRATORY THERAPY	3,260,126	62,163	3,197,963	0	0	65.00
66.00	PHYSICAL THERAPY	1,159,463	17,604	1,141,859	0	0	66.00
69.00	ELECTROCARDIOLOGY	1,208,867	179,793	1,029,074	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	249,605	28,799	220,806	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,850,027	372,753	11,477,274	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	8,290,860	215,332	8,075,528	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	12,477,389	341,768	12,135,621	0	0	73.00
74.00	RENAL DIALYSIS	5,181	1,211	3,970	0	0	74.00
76.00	DIABETES	196,460	1,529	194,931	0	0	76.00
76.01	PARTIAL HOSPITALIZATION	8,953	1,546	7,407	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	8,000,511	909,142	7,091,369	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,994,984	264,615	1,730,369	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	97,413,275	6,782,148	90,631,127	0	0	200.00
201.00	Less Observation Beds	1,994,984	264,615	1,730,369	0	0	201.00
202.00	Total (line 200 minus line 201)	95,418,291	6,517,533	88,900,758	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part II Date/Time Prepared: 5/30/2012 9:57 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	11,393,143	31,921,031	0.356917	50.00
51.00 RECOVERY ROOM	1,140,308	6,784,134	0.168085	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,727,007	2,835,266	1.314518	52.00
54.00 RADIOLOGY-DIAGNOSTIC	11,378,718	92,486,691	0.123031	54.00
59.00 CARDIAC CATHETERIZATION	8,145,065	14,412,117	0.565154	59.00
60.00 LABORATORY	11,382,484	48,405,320	0.235149	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	523,272	18,118,167	0.028881	63.00
64.00 INTRAVENOUS THERAPY	1,020,852	7,760,768	0.131540	64.00
65.00 RESPIRATORY THERAPY	3,260,126	14,364,509	0.226957	65.00
66.00 PHYSICAL THERAPY	1,159,463	3,349,827	0.346126	66.00
69.00 ELECTROCARDIOLOGY	1,208,867	10,585,313	0.114202	69.00
70.00 ELECTROENCEPHALOGRAPHY	249,605	1,390,639	0.179489	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,850,027	57,625,504	0.205639	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	8,290,860	21,286,646	0.389486	72.00
73.00 DRUGS CHARGED TO PATIENTS	12,477,389	39,605,302	0.315043	73.00
74.00 RENAL DIALYSIS	5,181	457,653	0.011321	74.00
76.00 DIABETES	196,460	0	0.000000	76.00
76.01 PARTIAL HOSPITALIZATION	8,953	576,016	0.015543	76.01
OUTPATIENT SERVICE COST CENTERS				
91.00 EMERGENCY	8,000,511	20,660,974	0.387228	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,994,984	896,021	2.226492	92.00
SPECIAL PURPOSE COST CENTERS				
113.00 INTEREST EXPENSE				113.00
200.00 Subtotal (sum of lines 50 thru 199)	97,413,275	0		200.00
201.00 Less Observation Beds	1,994,984	0		201.00
202.00 Total (line 200 minus line 201)	95,418,291	393,521,898		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/30/2012 9:57 am
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Cost Center Description	Title XVIII			Hospital	PPS		
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,787,611	0	3,787,611	48,452	78.17	30.00
31.00	INTENSIVE CARE UNIT	445,274		445,274	9,975	44.64	31.00
40.00	SUBPROVIDER - IPF	709,926	0	709,926	3,394	209.17	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	15,667		15,667	3,522	4.45	43.00
44.00	SKILLED NURSING FACILITY	317,730		317,730	0	0.00	44.00
200.00	Total (Lines 30-199)	5,276,208		5,276,208	65,343		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/30/2012 9:57 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	20,168	1,576,533		30.00
31.00 INTENSIVE CARE UNIT	4,706	210,076		31.00
40.00 SUBPROVIDER - IPF	2,600	543,842		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
200.00 Total (Lines 30-199)	27,474	2,330,451		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/30/2012 9:57 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,249,562	31,921,031	0.039145	5,119,806	200,415	50.00
51.00	RECOVERY ROOM	30,850	6,784,134	0.004547	1,160,177	5,275	51.00
52.00	DELIVERY ROOM & LABOR ROOM	620,175	2,835,266	0.218736	313,937	68,669	52.00
54.00	RADIOLOGY-DIAGNOSTIC	1,377,293	92,486,691	0.014892	14,577,869	217,094	54.00
59.00	CARDIAC CATHETERIZATION	345,478	14,412,117	0.023971	3,746,697	89,812	59.00
60.00	LABORATORY	680,465	48,405,320	0.014058	18,572,007	261,085	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	52,861	18,118,167	0.002918	1,156,523	3,375	63.00
64.00	INTRAVENOUS THERAPY	29,209	7,760,768	0.003764	1,597,408	6,013	64.00
65.00	RESPIRATORY THERAPY	62,163	14,364,509	0.004328	5,623,386	24,338	65.00
66.00	PHYSICAL THERAPY	17,604	3,349,827	0.005255	1,772,940	9,317	66.00
69.00	ELECTROCARDIOLOGY	179,793	10,585,313	0.016985	3,619,777	61,482	69.00
70.00	ELECTROENCEPHALOGRAPHY	28,799	1,390,639	0.020709	165,441	3,426	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	372,753	57,625,504	0.006469	16,467,726	106,530	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	215,332	21,286,646	0.010116	7,025,565	71,071	72.00
73.00	DRUGS CHARGED TO PATIENTS	341,768	39,605,302	0.008629	13,458,473	116,133	73.00
74.00	RENAL DIALYSIS	1,211	457,653	0.002646	277,526	734	74.00
76.00	DIABETES	1,529	0	0.000000	0	0	76.00
76.01	PARTIAL HOSPITALIZATION	1,546	576,016	0.002684	2,786	7	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	909,142	20,660,974	0.044003	2,413,514	106,202	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	264,615	896,021	0.295322	17,176	5,072	92.00
200.00	Total (lines 50-199)	6,782,148	393,521,898		97,088,734	1,356,050	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150009		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 9:57 am	
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
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/30/2012 9:57 am
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Title XVIII		Hospital	PPS
			Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
	6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	48,452	0.00	20,168	0		30.00
31.00 INTENSIVE CARE UNIT	9,975	0.00	4,706	0		31.00
40.00 SUBPROVIDER - IPF	3,394	0.00	2,600	0		40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00 SUBPROVIDER	0	0.00	0	0		42.00
43.00 NURSERY	3,522	0.00	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00 Total (Lines 30-199)	65,343		27,474	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:57 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
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
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 PATIENT	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
76.00 DIABETES	0	0	0	0	0	0	0	76.00
76.01 PARTIAL HOSPITALIZATION	0	0	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
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: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:57 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	31,921,031	0.000000	0.000000	5,119,806	50.00
51.00	RECOVERY ROOM	0	6,784,134	0.000000	0.000000	1,160,177	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,835,266	0.000000	0.000000	313,937	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	92,486,691	0.000000	0.000000	14,577,869	54.00
59.00	CARDIAC CATHETERIZATION	0	14,412,117	0.000000	0.000000	3,746,697	59.00
60.00	LABORATORY	0	48,405,320	0.000000	0.000000	18,572,007	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	18,118,167	0.000000	0.000000	1,156,523	63.00
64.00	INTRAVENOUS THERAPY	0	7,760,768	0.000000	0.000000	1,597,408	64.00
65.00	RESPIRATORY THERAPY	0	14,364,509	0.000000	0.000000	5,623,386	65.00
66.00	PHYSICAL THERAPY	0	3,349,827	0.000000	0.000000	1,772,940	66.00
69.00	ELECTROCARDIOLOGY	0	10,585,313	0.000000	0.000000	3,619,777	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,390,639	0.000000	0.000000	165,441	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,625,504	0.000000	0.000000	16,467,726	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	21,286,646	0.000000	0.000000	7,025,565	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	39,605,302	0.000000	0.000000	13,458,473	73.00
74.00	RENAL DIALYSIS	0	457,653	0.000000	0.000000	277,526	74.00
76.00	DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	PARTIAL HOSPITALIZATION	0	576,016	0.000000	0.000000	2,786	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	20,660,974	0.000000	0.000000	2,413,514	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	896,021	0.000000	0.000000	17,176	92.00
200.00	Total (lines 50-199)	0	393,521,898			97,088,734	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:57 am
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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	4,753,953	0	50.00
51.00	RECOVERY ROOM	0	891,905	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	17,901	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	16,657,237	0	54.00
59.00	CARDIAC CATHETERIZATION	0	1,823,232	0	59.00
60.00	LABORATORY	0	447,359	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	262,184	0	63.00
64.00	INTRAVENOUS THERAPY	0	1,032,406	0	64.00
65.00	RESPIRATORY THERAPY	0	582,994	0	65.00
66.00	PHYSICAL THERAPY	0	583	0	66.00
69.00	ELECTROCARDIOLOGY	0	1,320,617	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	979,472	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,934,477	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	2,432,528	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,807,183	0	73.00
74.00	RENAL DIALYSIS	0	0	0	74.00
76.00	DIABETES	0	0	0	76.00
76.01	PARTIAL HOSPITALIZATION	0	224,040	0	76.01
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0	2,519,202	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	190,443	0	92.00
200.00	Total (Lines 50-199)	0	42,877,716	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:57 am
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.356917	4,753,953	0	0		50.00
51.00 RECOVERY ROOM	0.168085	891,905	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	1.314518	17,901	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0.123031	16,657,237	0	0		54.00
59.00 CARDIAC CATHETERIZATION	0.565154	1,823,232	0	0		59.00
60.00 LABORATORY	0.235149	447,359	-2,864	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.028881	262,184	0	0		63.00
64.00 INTRAVENOUS THERAPY	0.131540	1,032,406	0	0		64.00
65.00 RESPIRATORY THERAPY	0.226957	582,994	0	0		65.00
66.00 PHYSICAL THERAPY	0.346126	583	0	0		66.00
69.00 ELECTROCARDIOLOGY	0.114202	1,320,617	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.179489	979,472	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.205639	4,934,477	2,991	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.389486	2,432,528	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.315043	3,807,183	16,211	0		73.00
74.00 RENAL DIALYSIS	0.011321	0	0	0		74.00
76.00 DIABETES	0.000000	0	0	0		76.00
76.01 PARTIAL HOSPITALIZATION	0.015543	224,040	0	0		76.01
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0.387228	2,519,202	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	2.226492	190,443	0	0		92.00
200.00 Subtotal (see instructions)		42,877,716	16,338	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		42,877,716	16,338	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:57 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	1,696,767	0	0		50.00
51.00 RECOVERY ROOM	149,916	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	23,531	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	2,049,357	0	0		54.00
59.00 CARDIAC CATHETERIZATION	1,030,407	0	0		59.00
60.00 LABORATORY	105,196	-673	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	7,572	0	0		63.00
64.00 INTRAVENOUS THERAPY	135,803	0	0		64.00
65.00 RESPIRATORY THERAPY	132,315	0	0		65.00
66.00 PHYSICAL THERAPY	202	0	0		66.00
69.00 ELECTROCARDIOLOGY	150,817	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	175,804	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,014,721	615	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	947,436	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,199,426	5,107	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
76.00 DIABETES	0	0	0		76.00
76.01 PARTIAL HOSPITALIZATION	3,482	0	0		76.01
OUTPATIENT SERVICE COST CENTERS					
91.00 EMERGENCY	975,506	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	424,020	0	0		92.00
200.00 Subtotal (see instructions)	10,222,278	5,049	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	10,222,278	5,049	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150009 Component CCN: 15S009		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/30/2012 9:57 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,249,562	31,921,031	0.039145	7,355	288	50.00
51.00	RECOVERY ROOM	30,850	6,784,134	0.004547	1,341	6	51.00
52.00	DELIVERY ROOM & LABOR ROOM	620,175	2,835,266	0.218736	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	1,377,293	92,486,691	0.014892	130,903	1,949	54.00
59.00	CARDIAC CATHETERIZATION	345,478	14,412,117	0.023971	0	0	59.00
60.00	LABORATORY	680,465	48,405,320	0.014058	492,682	6,926	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	52,861	18,118,167	0.002918	0	0	63.00
64.00	INTRAVENOUS THERAPY	29,209	7,760,768	0.003764	4,869	18	64.00
65.00	RESPIRATORY THERAPY	62,163	14,364,509	0.004328	36,380	157	65.00
66.00	PHYSICAL THERAPY	17,604	3,349,827	0.005255	37,632	198	66.00
69.00	ELECTROCARDIOLOGY	179,793	10,585,313	0.016985	25,965	441	69.00
70.00	ELECTROENCEPHALOGRAPHY	28,799	1,390,639	0.020709	2,592	54	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	372,753	57,625,504	0.006469	266,301	1,723	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	215,332	21,286,646	0.010116	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	341,768	39,605,302	0.008629	479,589	4,138	73.00
74.00	RENAL DIALYSIS	1,211	457,653	0.002646	7,916	21	74.00
76.00	DIABETES	1,529	0	0.000000	0	0	76.00
76.01	PARTIAL HOSPITALIZATION	1,546	576,016	0.002684	1,201	3	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	909,142	20,660,974	0.044003	65,736	2,893	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	264,615	896,021	0.295322	0	0	92.00
200.00	Total (Lines 50-199)	6,782,148	393,521,898		1,560,462	18,815	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009 Component CCN: 15S009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:57 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 DIABETES	0	0	0	0	0	76.00
76.01 PARTIAL HOSPITALIZATION	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
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: 150009 Component CCN: 15S009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:57 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient	
	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)	Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	31,921,031	0.000000	0.000000	7,355	50.00
51.00 RECOVERY ROOM	0	6,784,134	0.000000	0.000000	1,341	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	2,835,266	0.000000	0.000000	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	92,486,691	0.000000	0.000000	130,903	54.00
59.00 CARDIAC CATHETERIZATION	0	14,412,117	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	48,405,320	0.000000	0.000000	492,682	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	18,118,167	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	7,760,768	0.000000	0.000000	4,869	64.00
65.00 RESPIRATORY THERAPY	0	14,364,509	0.000000	0.000000	36,380	65.00
66.00 PHYSICAL THERAPY	0	3,349,827	0.000000	0.000000	37,632	66.00
69.00 ELECTROCARDIOLOGY	0	10,585,313	0.000000	0.000000	25,965	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,390,639	0.000000	0.000000	2,592	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,625,504	0.000000	0.000000	266,301	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	21,286,646	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	39,605,302	0.000000	0.000000	479,589	73.00
74.00 RENAL DIALYSIS	0	457,653	0.000000	0.000000	7,916	74.00
76.00 DIABETES	0	0	0.000000	0.000000	0	76.00
76.01 PARTIAL HOSPITALIZATION	0	576,016	0.000000	0.000000	1,201	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0	20,660,974	0.000000	0.000000	65,736	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	896,021	0.000000	0.000000	0	92.00
200.00 Total (Lines 50-199)	0	393,521,898			1,560,462	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009 Component CCN: 15S009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:57 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	453	0	54.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	153	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	958	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	10,336	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
76.00 DIABETES	0	0	0	76.00
76.01 PARTIAL HOSPITALIZATION	0	1,350	0	76.01
OUTPATIENT SERVICE COST CENTERS				
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	13,250	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:57 am		
		Component CCN: 15S009	Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.356917	0	0	0	50.00
51.00	RECOVERY ROOM	0.168085	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.314518	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.123031	453	0	0	54.00
59.00	CARDIAC CATHETERIZATION	0.565154	0	0	0	59.00
60.00	LABORATORY	0.235149	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.028881	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.131540	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.226957	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.346126	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0.114202	153	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.179489	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.205639	958	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.389486	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.315043	10,336	0	0	73.00
74.00	RENAL DIALYSIS	0.011321	0	0	0	74.00
76.00	DIABETES	0.000000	0	0	0	76.00
76.01	PARTIAL HOSPITALIZATION	0.015543	1,350	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	0.387228	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2.226492	0	0	0	92.00
200.00	Subtotal (see instructions)		13,250	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		13,250	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150009 Component CCN: 15S009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:57 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	56	0	0		54.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
69.00 ELECTROCARDIOLOGY	17	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	197	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	3,256	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
76.00 DIABETES	0	0	0		76.00
76.01 PARTIAL HOSPITALIZATION	21	0	0		76.01
OUTPATIENT SERVICE COST CENTERS					
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	3,547	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	3,547	0	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150009		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/30/2012 9:57 am	
Cost Center Description		Title XIX		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,787,611	0	3,787,611	48,452	78.17	30.00
31.00	INTENSIVE CARE UNIT	445,274		445,274	9,975	44.64	31.00
40.00	SUBPROVIDER - IPF	709,926	0	709,926	3,394	209.17	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	15,667		15,667	3,522	4.45	43.00
44.00	SKILLED NURSING FACILITY	317,730		317,730	0	0.00	44.00
200.00	Total (Lines 30-199)	5,276,208		5,276,208	65,343		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/30/2012 9:57 am
		Title XIX	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	4,198	328,158		30.00
31.00 INTENSIVE CARE UNIT	922	41,158		31.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	326	1,451		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
200.00 Total (Lines 30-199)	5,446	370,767		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/30/2012 9:57 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,249,562	31,921,031	0.039145	1,713,484	67,074	50.00
51.00	RECOVERY ROOM	30,850	6,784,134	0.004547	129,331	588	51.00
52.00	DELIVERY ROOM & LABOR ROOM	620,175	2,835,266	0.218736	1,099,948	240,598	52.00
54.00	RADIOLOGY-DIAGNOSTIC	1,377,293	92,486,691	0.014892	2,008,563	29,912	54.00
59.00	CARDIAC CATHETERIZATION	345,478	14,412,117	0.023971	0	0	59.00
60.00	LABORATORY	680,465	48,405,320	0.014058	3,402,508	47,832	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	52,861	18,118,167	0.002918	133,680	390	63.00
64.00	INTRAVENOUS THERAPY	29,209	7,760,768	0.003764	632,158	2,379	64.00
65.00	RESPIRATORY THERAPY	62,163	14,364,509	0.004328	999,340	4,325	65.00
66.00	PHYSICAL THERAPY	17,604	3,349,827	0.005255	132,605	697	66.00
69.00	ELECTROCARDIOLOGY	179,793	10,585,313	0.016985	352,454	5,986	69.00
70.00	ELECTROENCEPHALOGRAPHY	28,799	1,390,639	0.020709	24,222	502	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	372,753	57,625,504	0.006469	1,190,899	7,704	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	215,332	21,286,646	0.010116	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	341,768	39,605,302	0.008629	2,209,253	19,064	73.00
74.00	RENAL DIALYSIS	1,211	457,653	0.002646	18,930	50	74.00
76.00	DIABETES	1,529	0	0.000000	0	0	76.00
76.01	PARTIAL HOSPITALIZATION	1,546	576,016	0.002684	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	909,142	20,660,974	0.044003	534,098	23,502	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	264,615	896,021	0.295322	0	0	92.00
200.00	Total (lines 50-199)	6,782,148	393,521,898		14,581,473	450,603	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150009		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 9:57 am	
Cost Center Description		Title XIX		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
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150009

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

Worksheet D
Part III
Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description		Title XIX			Hospital	
		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS
		6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	48,452	0.00	4,198	0	30.00
31.00	INTENSIVE CARE UNIT	9,975	0.00	922	0	31.00
40.00	SUBPROVIDER - IPF	3,394	0.00	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	42.00
43.00	NURSERY	3,522	0.00	326	0	43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
200.00	Total (Lines 30-199)	65,343		5,446	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:57 am
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
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
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 PATIENT	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
76.00 DIABETES	0	0	0	0	0	0	0	76.00
76.01 PARTIAL HOSPITALIZATION	0	0	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
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: 150009

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

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Title XIX			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	31,921,031	0.000000	0.000000	1,713,484	50.00
51.00	RECOVERY ROOM	0	6,784,134	0.000000	0.000000	129,331	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,835,266	0.000000	0.000000	1,099,948	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	92,486,691	0.000000	0.000000	2,008,563	54.00
59.00	CARDIAC CATHETERIZATION	0	14,412,117	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	48,405,320	0.000000	0.000000	3,402,508	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	18,118,167	0.000000	0.000000	133,680	63.00
64.00	INTRAVENOUS THERAPY	0	7,760,768	0.000000	0.000000	632,158	64.00
65.00	RESPIRATORY THERAPY	0	14,364,509	0.000000	0.000000	999,340	65.00
66.00	PHYSICAL THERAPY	0	3,349,827	0.000000	0.000000	132,605	66.00
69.00	ELECTROCARDIOLOGY	0	10,585,313	0.000000	0.000000	352,454	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,390,639	0.000000	0.000000	24,222	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,625,504	0.000000	0.000000	1,190,899	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	21,286,646	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	39,605,302	0.000000	0.000000	2,209,253	73.00
74.00	RENAL DIALYSIS	0	457,653	0.000000	0.000000	18,930	74.00
76.00	DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	PARTIAL HOSPITALIZATION	0	576,016	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	20,660,974	0.000000	0.000000	534,098	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	896,021	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	393,521,898			14,581,473	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:57 am
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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 XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	1,714,394	0	50.00
51.00	RECOVERY ROOM	0	165,369	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	153,856	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,014,318	0	54.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	0	1,927,908	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	16,746	0	63.00
64.00	INTRAVENOUS THERAPY	0	135,016	0	64.00
65.00	RESPIRATORY THERAPY	0	195,721	0	65.00
66.00	PHYSICAL THERAPY	0	3,140	0	66.00
69.00	ELECTROCARDIOLOGY	0	95,244	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	84,778	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	437,495	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	520,179	0	73.00
74.00	RENAL DIALYSIS	0	0	0	74.00
76.00	DIABETES	0	0	0	76.00
76.01	PARTIAL HOSPITALIZATION	0	58,612	0	76.01
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0	1,796,031	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	147,576	0	92.00
200.00	Total (Lines 50-199)	0	10,466,383	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:57 am
	Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.356917	1,714,394	0	0		50.00
51.00 RECOVERY ROOM	0.168085	165,369	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	1.314518	153,856	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0.123031	3,014,318	0	0		54.00
59.00 CARDIAC CATHETERIZATION	0.565154	0	0	0		59.00
60.00 LABORATORY	0.235149	1,927,908	0	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.028881	16,746	0	0		63.00
64.00 INTRAVENOUS THERAPY	0.131540	135,016	0	0		64.00
65.00 RESPIRATORY THERAPY	0.226957	195,721	0	0		65.00
66.00 PHYSICAL THERAPY	0.346126	3,140	0	0		66.00
69.00 ELECTROCARDIOLOGY	0.114202	95,244	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.179489	84,778	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.205639	437,495	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.389486	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.315043	520,179	0	0		73.00
74.00 RENAL DIALYSIS	0.011321	0	0	0		74.00
76.00 DIABETES	0.000000	0	0	0		76.00
76.01 PARTIAL HOSPITALIZATION	0.015543	58,612	0	0		76.01
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0.387228	1,796,031	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	2.226492	147,576	0	0		92.00
200.00 Subtotal (see instructions)		10,466,383	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		10,466,383	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:57 am
	Title XIX	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	611,896	0	0		50.00
51.00 RECOVERY ROOM	27,796	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	202,246	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	370,855	0	0		54.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	453,346	0	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	484	0	0		63.00
64.00 INTRAVENOUS THERAPY	17,760	0	0		64.00
65.00 RESPIRATORY THERAPY	44,420	0	0		65.00
66.00 PHYSICAL THERAPY	1,087	0	0		66.00
69.00 ELECTROCARDIOLOGY	10,877	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	15,217	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	89,966	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	163,879	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
76.00 DIABETES	0	0	0		76.00
76.01 PARTIAL HOSPITALIZATION	911	0	0		76.01
OUTPATIENT SERVICE COST CENTERS					
91.00 EMERGENCY	695,473	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	328,577	0	0		92.00
200.00 Subtotal (see instructions)	3,034,790	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	3,034,790	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2012 9:57 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,452	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,452	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		48,452	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		20,168	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		28,555,503	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)		28,555,503	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		39,026,552	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		39,026,552	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.731694	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)		805.47	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)		28,555,503	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		589.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,886,212	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)		11,886,212	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150009		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/30/2012 9:57 am	
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)		
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	7,696,613	9,975	771.59	4,706	3,631,103		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)					24,628,515		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					40,145,830		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)					1,786,609		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,356,050		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,142,659		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					37,003,171		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)					3,385		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					589.36		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,994,984		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150009		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 9:57 am	
		Title XVIII		Hospital		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	3,787,611	28,555,503	0.132640	1,994,984	264,615	90.00
91.00	Nursing School cost	0	28,555,503	0.000000	1,994,984	0	91.00
92.00	Allied health cost	0	28,555,503	0.000000	1,994,984	0	92.00
93.00	All other Medical Education	0	28,555,503	0.000000	1,994,984	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15S009		Date/Time Prepared: 5/30/2012 9:57 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,394	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,394	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,394	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)		2,600	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,100,721	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)		3,100,721	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		1,952,876	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,952,876	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.587772	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)		575.39	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)		3,100,721	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		913.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,375,334	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)		2,375,334	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150009		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15S009				Date/Time Prepared: 5/30/2012 9:57 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)					391,578	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,766,912	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)					543,842	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					18,815	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					562,657	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,204,255	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150009 Component CCN: 15S009		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 9:57 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	709,926	3,100,721	0.228955	0	0	90.00
91.00	Nursing School cost	0	3,100,721	0.000000	0	0	91.00
92.00	Allied health cost	0	3,100,721	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,100,721	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2012 9:57 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,452	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,452	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		48,452	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)		4,198	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)		3,522	15.00
16.00	Nursery days (title V or XIX only)		326	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		28,555,503	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)		28,555,503	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		39,026,552	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		39,026,552	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.731694	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)		805.47	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)		28,555,503	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		589.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,474,133	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)		2,474,133	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/30/2012 9:57 am		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	1,217,098	3,522	345.57	326	112,656	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,696,613	9,975	771.59	922	711,406	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)					4,678,680	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,976,875	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)					370,767	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					450,603	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					821,370	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,155,505	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)					3,385	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					589.36	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,994,984	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150009		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 9:57 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,787,611	28,555,503	0.132640	1,994,984	264,615	90.00
91.00	Nursing School cost	0	28,555,503	0.000000	1,994,984	0	91.00
92.00	Allied health cost	0	28,555,503	0.000000	1,994,984	0	92.00
93.00	All other Medical Education	0	28,555,503	0.000000	1,994,984	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 9:57 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		12,971,968		30.00
31.00	INTENSIVE CARE UNIT		4,513,732		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.356917	5,119,806	1,827,346	50.00
51.00	RECOVERY ROOM	0.168085	1,160,177	195,008	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.314518	313,937	412,676	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.123031	14,577,869	1,793,530	54.00
59.00	CARDIAC CATHETERIZATION	0.565154	3,746,697	2,117,461	59.00
60.00	LABORATORY	0.235149	18,572,007	4,367,189	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.028881	1,156,523	33,402	63.00
64.00	INTRAVENOUS THERAPY	0.131540	1,597,408	210,123	64.00
65.00	RESPIRATORY THERAPY	0.226957	5,623,386	1,276,267	65.00
66.00	PHYSICAL THERAPY	0.346126	1,772,940	613,661	66.00
69.00	ELECTROCARDIOLOGY	0.114202	3,619,777	413,386	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.179489	165,441	29,695	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.205639	16,467,726	3,386,407	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.389486	7,025,565	2,736,359	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.315043	13,458,473	4,239,998	73.00
74.00	RENAL DIALYSIS	0.011321	277,526	3,142	74.00
76.00	DIABETES	0.000000	0	0	76.00
76.01	PARTIAL HOSPITALIZATION	0.015543	2,786	43	76.01
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.387228	2,413,514	934,580	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2.226492	17,176	38,242	92.00
200.00	Total (sum of lines 50-94 and 96-98)		97,088,734	24,628,515	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)		97,088,734		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15S009		Date/Time Prepared: 5/30/2012 9:57 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		1,501,440		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.356917	7,355	2,625	50.00
51.00	RECOVERY ROOM	0.168085	1,341	225	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.314518	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.123031	130,903	16,105	54.00
59.00	CARDIAC CATHETERIZATION	0.565154	0	0	59.00
60.00	LABORATORY	0.235149	492,682	115,854	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.028881	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.131540	4,869	640	64.00
65.00	RESPIRATORY THERAPY	0.226957	36,380	8,257	65.00
66.00	PHYSICAL THERAPY	0.346126	37,632	13,025	66.00
69.00	ELECTROCARDIOLOGY	0.114202	25,965	2,965	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.179489	2,592	465	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.205639	266,301	54,762	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.389486	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.315043	479,589	151,091	73.00
74.00	RENAL DIALYSIS	0.011321	7,916	90	74.00
76.00	DIABETES	0.000000	0	0	76.00
76.01	PARTIAL HOSPITALIZATION	0.015543	1,201	19	76.01
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.387228	65,736	25,455	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2.226492	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,560,462	391,578	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,560,462		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 9:57 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		2,607,518		30.00
31.00	INTENSIVE CARE UNIT		823,695		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		543,809		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.356917	1,713,484	611,572	50.00
51.00	RECOVERY ROOM	0.168085	129,331	21,739	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.314518	1,099,948	1,445,901	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.123031	2,008,563	247,116	54.00
59.00	CARDIAC CATHETERIZATION	0.565154	0	0	59.00
60.00	LABORATORY	0.235149	3,402,508	800,096	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.028881	133,680	3,861	63.00
64.00	INTRAVENOUS THERAPY	0.131540	632,158	83,154	64.00
65.00	RESPIRATORY THERAPY	0.226957	999,340	226,807	65.00
66.00	PHYSICAL THERAPY	0.346126	132,605	45,898	66.00
69.00	ELECTROCARDIOLOGY	0.114202	352,454	40,251	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.179489	24,222	4,348	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.205639	1,190,899	244,895	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.389486	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.315043	2,209,253	696,010	73.00
74.00	RENAL DIALYSIS	0.011321	18,930	214	74.00
76.00	DIABETES	0.000000	0	0	76.00
76.01	PARTIAL HOSPITALIZATION	0.015543	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.387228	534,098	206,818	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2.226492	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		14,581,473	4,678,680	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)		14,581,473		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150009 Component CCN: 15S009	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 9:57 am	
		Title XIX	Subprovider - IPF		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		74,091		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.356917	-15	-5	50.00
51.00	RECOVERY ROOM	0.168085	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.314518	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.123031	5,205	640	54.00
59.00	CARDIAC CATHETERIZATION	0.565154	0	0	59.00
60.00	LABORATORY	0.235149	26,254	6,174	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.028881	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.131540	0	0	64.00
65.00	RESPIRATORY THERAPY	0.226957	1,268	288	65.00
66.00	PHYSICAL THERAPY	0.346126	2,413	835	66.00
69.00	ELECTROCARDIOLOGY	0.114202	1,601	183	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.179489	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.205639	7,299	1,501	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.389486	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.315043	15,621	4,921	73.00
74.00	RENAL DIALYSIS	0.011321	1,386	16	74.00
76.00	DIABETES	0.000000	0	0	76.00
76.01	PARTIAL HOSPITALIZATION	0.015543	-1,179	-18	76.01
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.387228	4,343	1,682	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2.226492	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		64,196	16,217	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)		64,196		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 9:57 am
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		35,179,182	1.00
2.00	Outlier payments for discharges. (see instructions)		345,178	2.00
3.00	Managed Care Simulated Payments		5,662,707	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		159.73	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		4.49	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)		0.86	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		3.63	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		2.41	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)		2.41	12.00
13.00	Total allowable FTE count for the prior year.		2.50	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.		2.58	14.00
15.00	Sum of lines 12 through 14 divided by 3.		2.50	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		2.50	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.015651	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.015733	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.015651	21.00
22.00	IME payment adjustment (see instructions)		347,850	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		347,850	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.56	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		18.45	31.00
32.00	Sum of lines 30 and 31		26.01	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.68	33.00
34.00	Disproportionate share adjustment (see instructions)		3,757,137	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		39,629,347	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)		39,629,347	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,029,591	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).		99,853	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 9:57 am
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			42,758,791 59.00
60.00	Primary payer payments			17,982 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			42,740,809 61.00
62.00	Deductibles billed to program beneficiaries			4,087,997 62.00
63.00	Coinsurance billed to program beneficiaries			190,112 63.00
64.00	Allowable bad debts (see instructions)			986,571 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			690,600 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			923,542 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			39,153,300 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			39,153,300 71.00
72.00	Interim payments			39,453,770 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)			-300,470 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			330,684 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 9:57 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,049	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,222,278	2.00
3.00	PPS payments		10,621,581	3.00
4.00	Outlier payment (see instructions)		9,755	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)		5,049	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		16,338	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)		16,338	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		16,338	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		11,289	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)		5,049	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)		10,631,336	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		568	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,476,664	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)		8,159,153	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		23,800	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)		8,182,953	30.00
31.00	Primary payer payments		7,917	31.00
32.00	Subtotal (line 30 minus line 31)		8,175,036	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		559,387	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		391,571	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		509,610	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		8,566,607	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)		8,566,607	40.00
41.00	Interim payments		8,585,203	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)		-18,596	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 9:57 am
		Component CCN: 15S009	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,547	2.00
3.00	PPS payments		4,453	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		4,453	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		897	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)		3,556	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)		3,556	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,556	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		3,556	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)		3,556	40.00
41.00	Interim payments		3,556	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150009

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2012 9:57 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		39,374,272		8,583,081	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	11/14/2011	199,162	11/14/2011	50,440	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	09/20/2011	119,664	09/20/2011	48,318	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)		79,498		2,122	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		39,453,770		8,585,203	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		300,470		18,596	6.02
7.00	Total Medicare program liability (see instructions)		39,153,300		8,566,607	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: 150009

Period: From 01/01/2011

Worksheet E-1

Component CCN: 15S009

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 9:57 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,304,892		3,556	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,304,892		3,556	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		143,984		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,448,876		3,556	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/30/2012 9:57 am
		Component CCN: 15S009	Title XVII	Subprovider - IPF
				PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,566,803 1.00
2.00	Net IPF PPS Outlier Payments			78,841 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			9.298630 9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,645,644 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,645,644 16.00
17.00	Primary payer payments			4,425 17.00
18.00	Subtotal (line 16 less line 17).			2,641,219 18.00
19.00	Deductibles			203,632 19.00
20.00	Subtotal (line 18 minus line 19)			2,437,587 20.00
21.00	Coinsurance			132,695 21.00
22.00	Subtotal (line 20 minus line 21)			2,304,892 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			205,692 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			143,984 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			200,392 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,448,876 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,448,876 31.00
32.00	Interim payments			2,304,892 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			143,984 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4	
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2012 9:57 am	
					PPS
					1.00
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			4.49	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			3.63	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.50	6.00
7.00	Enter the lesser of line 5 or line 6			2.50	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.	2.50	0.00	2.50	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.	2.50	0.00	2.50	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	2.50	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	2.70	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	2.58	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	2.59	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	2.59	0.00		17.00
18.00	Per resident amount	90,410.00	0.00		18.00
19.00	Approved amount for resident costs	234,162	0	234,162	19.00
					1.00
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			234,162	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	27,474	3,941		26.00
27.00	Total Inpatient Days	58,436	58,436		27.00
28.00	Ratio of inpatient days to total inpatient days	0.470155	0.067441		28.00
29.00	Program direct GME amount	110,092	15,792		29.00
30.00	Reduction for nursing/allied health		2,231		30.00
31.00	Net Program direct GME amount			123,653	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/30/2012 9:57 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		457,653	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		42,912,742	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)		22,407	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		42,890,335	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		10,230,874	42.00
43.00	Primary payer payments (see instructions)		7,917	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		10,222,957	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		53,113,292	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.807525	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.192475	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		123,653	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		99,853	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		23,800	50.00

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

Provider CCN: 150009

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

Worksheet G
Date/Time Prepared:
5/30/2012 9:57 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,350,603	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	46,214,872	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,618,265	0	0	0	7.00
8.00	Prepaid expenses	1,951,684	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	51,135,424	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,365,624	0	0	0	12.00
13.00	Land improvements	1,545,186	0	0	0	13.00
14.00	Accumulated depreciation	-1,144,430	0	0	0	14.00
15.00	Buildings	86,278,264	0	0	0	15.00
16.00	Accumulated depreciation	-50,115,695	0	0	0	16.00
17.00	Leasehold improvements	7,989,979	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	20,239,470	0	0	0	19.00
20.00	Accumulated depreciation	-18,986,654	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	94,872,829	0	0	0	23.00
24.00	Accumulated depreciation	-59,782,560	0	0	0	24.00
25.00	Minor equipment depreciable	167,348	0	0	0	25.00
26.00	Accumulated depreciation	-86,917	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)	87,342,444	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	10,649,723	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	4,990,885	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	15,640,608	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	154,118,476	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,522,316	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	929,068	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	1,536,739	0	0	0	43.00
44.00	Other current liabilities	16,894,577	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,882,700	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	54,716,018	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	54,716,018	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	84,598,718	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	69,519,758				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	69,519,758	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	154,118,476	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150009

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

Worksheet G-1

Date/Time Prepared:
5/30/2012 9:57 am

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
		1.00	Fund balances at beginning of period		87,268,901		
2.00	Net income (loss) (From Wkst. G-3, line 29)		-25,603,725			2.00	
3.00	Total (sum of line 1 and line 2)		61,665,176		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)		61,665,176		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)		61,665,176		0	19.00	

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150009

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

Worksheet G-1

Date/Time Prepared:
5/30/2012 9:57 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150009

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

Worksheet G-2 Parts

Date/Time Prepared:
5/30/2012 9:57 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	29,686,568		29,686,568	1.00
2.00	SUBPROVIDER - IPF	1,955,404		1,955,404	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	0		0	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)	31,641,972		31,641,972	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,576,477		11,576,477	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)	11,576,477		11,576,477	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	43,218,449		43,218,449	17.00
18.00	Ancillary services	182,315,476	158,260,178	340,575,654	18.00
19.00	Outpatient services	7,762,071	19,096,903	26,858,974	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)	2,431,005	650,978	3,081,983	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	235,727,001	178,008,059	413,735,060	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		145,615,110		29.00
30.00	BAD DEBT EXPENSE	41,650,940			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)		41,650,940		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)		187,266,050		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150009

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

Worksheet G-3

Date/Time Prepared:
5/30/2012 9:57 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	413,735,060	1.00
2.00	Less contractual allowances and discounts on patients' accounts	260,832,252	2.00
3.00	Net patient revenues (line 1 minus line 2)	152,902,808	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	187,266,050	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-34,363,242	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	225,720	6.00
7.00	Income from investments	284,721	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	943,939	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	33,367	21.00
22.00	Rental of hospital space	336,923	22.00
23.00	Governmental appropriations	0	23.00
24.00	IDENTIFIED ON THE TB	6,934,847	24.00
25.00	Total other income (sum of lines 6-24)	8,759,517	25.00
26.00	Total (line 5 plus line 25)	-25,603,725	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-25,603,725	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150009	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/30/2012 9:57 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,828,513	1.00
2.00	Capital DRG outlier payments		35,044	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		152.11	3.00
4.00	Number of interns & residents (see instructions)		2.50	4.00
5.00	Indirect medical education percentage (see instructions)		0.46	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		13,011	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.56	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		18.45	8.00
9.00	Sum of lines 7 and 8		26.01	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.41	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		153,023	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,029,591	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00