

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: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/29/2012 9:10 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: 5/29/2012 Time: 9:10 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 COMMUNITY HOSPITAL NORTH 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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-900,708	60,195	1,664,185	-1,480,057	1.00
2.00 Subprovider - IPF	0	38,956	0		0	2.00
3.00 Subprovider - IRF	0	512,542	78		6,481,086	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0	0	0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	-349,210	60,273	1,664,185	5,001,029	200.00

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

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

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 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
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 (4) Reopened
 (5) Amended
 6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 04
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/29/2012 Time: 9:10 am

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

Encryption Information
 ECR: Date: 5/29/2012 Time: 9:10 am
 E6WI CJIXQKvx9Xi ZgsG5QWj D0899.0
 OPqyi OX7CLHAoh: F37UEpskj X52pJl
 9Amv1oupY90oSx: j
 PI: Date: 5/29/2012 Time: 9:10 am
 AKobCmBbRi .zTpLKyhuj8hGJj Fa7z1
 WucGoOd: wuf8l bo7yMNL. 1l ggQhR7w
 wZmRTG2YYo0RuXny

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
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7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0	0	0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	-349,210	60,273	1,664,185	5,001,029	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 8:26 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 7150 CLEARVISTA PARKWAY			PO Box:							1.00
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46256		County: MARION			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
3.00	Hospital and Hospital-Based Component Identification:										
	Hospital		COMMUNITY HOSPITAL NORTH	150169	26900	1	02/25/2008	N	P	O	3.00
4.00	Subprovider - IPF		COMMUNITY MENTAL HEALTH	15S169	26900	4	01/01/2010	N	P	O	4.00
5.00	Subprovider - IRF		HOOK REHAB CENTER	15T169	26900	5	01/01/2010	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N		N	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA							N	N	N	12.00
13.00	Separately Certified ASC							N	N	N	13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1							N	N	N	17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3		N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			2,882	4,497	0	22	7,642	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.			2,109	541	0	0	75	0		25.00
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						1				26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).						1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0				35.00

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			0.00	1.84	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)	FAMILY PRACTICE	1350	0.00	1.84	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

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			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.		Y		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)		N	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	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.				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.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		250,000	750,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 8:26 am		
			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	HB0040		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: COMMUNITY HEALTH NETWORK, INC		Contractor's Name: NGS		Contractor's Number: 00130			141.00	
142.00	Street: 1500 NORTH RITTER AVENUE		PO Box: PO 7161		Zip Code: 46207			142.00	
143.00	City: INDIANAPOLIS		State: IN					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	2.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
					Part A	Part B			
					1.00	2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital				N	N		155.00	
156.00	Subprovider - IPF				N	N		156.00	
157.00	Subprovider - IRF				N	N		157.00	
158.00	SUBPROVIDER				N	N		158.00	
159.00	SNF				N	N		159.00	
160.00	HOME HEALTH AGENCY				N	N		160.00	
161.00	CMHC					N		161.00	
161.10	CORF					N		161.10	
							1.00		
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 8:26 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	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/01/2012	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: 150169

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2012 8:26 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	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				Y 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.				Y 23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				Y 24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N 25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N 26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N 27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N 28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N 29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N 30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N 31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				Y 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.				Y 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?				Y 36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				Y 37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				N 38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				N 39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				N 40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/01/2012	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: 150169

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:26 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	213	77,674	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)		213	77,674	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,760	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 NEONATAL INTENSIVE CARE UNIT	35.00	43	15,695	0.00		12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		280	102,129	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	58	21,170			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00					25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		358				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: 150169

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:26 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	16,150	1,463	48,982		1.00
2.00 HMO		3,811	10,790			2.00
3.00 HMO IPF		440	0			3.00
4.00 HMO IRF		1,019	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	16,150	1,463	48,982		7.00
8.00 INTENSIVE CARE UNIT	0	1,963	453	3,563		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 NEONATAL INTENSIVE CARE UNIT	0	0	1,032	9,761		12.00
13.00 NURSERY	0		972	7,317		13.00
14.00 Total (see instructions)	0	18,113	3,920	69,623		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	3,254	0	5,336		16.00
17.00 SUBPROVIDER - IRF	0	4,068	2,725	11,989		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		576	3,001		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)				1,776		30.00
31.00 Employee discount days - IRF				245		31.00
32.00 Labor & delivery days (see instructions)			333	1,090		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150169

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:26 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	4,078	1.00
2.00 HMO					821	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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	1.84	1,242.26	0.00	0	4,078	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	26.70	0.00	0	283	16.00
17.00 SUBPROVIDER - IRF	0.00	72.12	0.00	0	342	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	1.84	1,341.08	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150169

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:26 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)	2,564	14,435		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 NEONATAL INTENSIVE CARE UNIT				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	2,564	14,435		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	523		16.00
17.00 SUBPROVIDER - IRF	0	748		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
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: 150169

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2012 8:26 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 II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	95,029,399	82,032	95,111,431	2,789,437.00 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		1,110,280	0	1,110,280	14,632.00 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)		99,968	0	99,968	3,822.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		16,447,886	261,857	16,709,743	285,436.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		660,633	0	660,633	7,729.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		1,975,044	0	1,975,044	15,884.00 13.00
14.00	Home office salaries & wage-related costs		21,677,166	0	21,677,166	560,378.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		22,426,465	0	22,426,465	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		2,718,305	0	2,718,305	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		158,985	0	158,985	
22.00	Physician Part A		0	0	0	
23.00	Physician Part B		0	0	0	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		26,424	0	26,424	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	68,219	0	68,219	2,830.00 26.00
27.00	Administrative & General	5.00	8,725,592	-649,631	8,075,961	15,457.00 27.00
28.00	Administrative & General under contract (see inst.)		4,162,604	0	4,162,604	41,850.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	2,193,992	23,861	2,217,853	117,825.00 30.00
31.00	Laundry & Linen Service	8.00	79,183	878	80,061	6,413.00 31.00
32.00	Housekeeping	9.00	1,818,222	9,383	1,827,605	144,802.00 32.00
33.00	Housekeeping under contract (see instructions)		451,835	0	451,835	6,140.00 33.00
34.00	Dietary	10.00	2,015,400	-1,185,597	829,803	55,986.00 34.00
35.00	Dietary under contract (see instructions)		337,708	0	337,708	8,320.00 35.00
36.00	Cafeteria	11.00	0	1,211,033	1,211,033	81,707.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	311,086	1,850	312,936	22,741.00 38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00 39.00
40.00	Pharmacy	15.00	4,079,386	-83,015	3,996,371	104,241.00 40.00
41.00	Medical Records & Medical Records Library	16.00	284,989	3,167	288,156	8,347.00 41.00
42.00	Social Service	17.00	1,427,067	18,872	1,445,939	43,076.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150169

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2012 8:26 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	34.10	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	75.88	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)	26.16	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)	58.54	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	85.47	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	124.34	13.00
14.00	Home office salaries & wage-related costs	38.68	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	24.11	26.00
27.00	Administrative & General	522.48	27.00
28.00	Administrative & General under contract (see inst.)	99.46	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	18.82	30.00
31.00	Laundry & Linen Service	12.48	31.00
32.00	Housekeeping	12.62	32.00
33.00	Housekeeping under contract (see instructions)	73.59	33.00
34.00	Dietary	14.82	34.00
35.00	Dietary under contract (see instructions)	40.59	35.00
36.00	Cafeteria	14.82	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	13.76	38.00
39.00	Central Services and Supply	0.00	39.00
40.00	Pharmacy	38.34	40.00
41.00	Medical Records & Medical Records Library	34.52	41.00
42.00	Social Service	33.57	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150169

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2012 8:26 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)	98,771,298	82,032	98,853,330	2,827,293.00	1.00
2.00	Excluded area salaries (see instructions)	16,447,886	261,857	16,709,743	285,436.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	82,323,412	-179,825	82,143,587	2,541,857.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	24,312,843	0	24,312,843	583,991.00	4.00
5.00	Subtotal wage-related costs (see inst.)	22,426,465	0	22,426,465	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	129,062,720	-179,825	128,882,895	3,125,848.00	6.00
7.00	Total overhead cost (see instructions)	25,955,283	-649,199	25,306,084	659,735.00	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/29/2012 8:26 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)	34.96	1.00
2.00	Excluded area salaries (see instructions)	58.54	2.00
3.00	Subtotal salaries (line 1 minus line 2)	32.32	3.00
4.00	Subtotal other wages & related costs (see inst.)	41.63	4.00
5.00	Subtotal wage-related costs (see inst.)	27.30	5.00
6.00	Total (sum of lines 3 thru 5)	41.23	6.00
7.00	Total overhead cost (see instructions)	38.36	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2012 8:26 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	3,705,901	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	2,305,221	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	28,349	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)	12,421,660	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	149,140	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	311,944	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	483,331	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,817,390	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	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	107,243	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	25,330,179	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: 150169

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

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	660,663	0	1.00
2.00	Hospital	660,663	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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/29/2012 8:26 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)		0.312765	1.00		
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		14,978,123	2.00		
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00		
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00		
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00		
6.00	Medicaid charges		95,959,913	6.00		
7.00	Medicaid cost (line 1 times line 6)		30,012,902	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)		15,034,779	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)		15,034,779	19.00		
			Uninsured patients	Insured patients		
			1.00	2.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		8,303,815	3,382,603	11,686,418	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,597,143	1,057,960	3,655,103	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)		2,597,143	1,057,960	3,655,103	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)				16,568,920	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				610,318	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				15,958,602	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				4,991,292	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				8,646,395	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				23,681,174	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150169

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

Worksheet A
Date/Time Prepared:
5/29/2012 8:26 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 CAP REL COSTS-BLDG & FIXT		0	0	14,459,156	14,459,156	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		0	0	11,465,500	11,465,500	2.00
3.00 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	68,219	13,412,837	13,481,056	-28,182	13,452,874	4.00
5.00 ADMIN STRATIVE & GENERAL	8,725,592	88,241,443	96,967,035	-18,994,833	77,972,202	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	2,193,992	6,398,025	8,592,017	-176,609	8,415,408	7.00
8.00 LAUNDRY & LINEN SERVICE	79,183	763,197	842,380	878	843,258	8.00
9.00 HOUSEKEEPING	1,818,222	931,820	2,750,042	-16,407	2,733,635	9.00
10.00 DIETARY	2,015,400	813,729	2,829,129	-1,626,425	1,202,704	10.00
11.00 CAFETERIA	0	0	0	1,755,252	1,755,252	11.00
13.00 NURSING ADMINISTRATION	311,086	1,505,280	1,816,366	190	1,816,556	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	4,974,526	4,974,526	-3,510,534	1,463,992	14.00
15.00 PHARMACY	4,079,386	8,631,608	12,710,994	-7,303,852	5,407,142	15.00
16.00 MEDICAL RECORDS & LIBRARY	284,989	150,212	435,201	3,167	438,368	16.00
17.00 SOCIAL SERVICE	1,427,067	451,272	1,878,339	18,747	1,897,086	17.00
19.00 NONPHYSICIAN ANESTHETISTS	1,098,631	160,091	1,258,722	1,553	1,260,275	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 EMS	0	117,578	117,578	17,520	135,098	23.00
23.01 RADIOLOGY SCHOOL	0	53,161	53,161	31,892	85,053	23.01
23.02 PHARMACY SCHOOL	0	0	0	219,889	219,889	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	24,451,133	6,839,851	31,290,984	-9,595,732	21,695,252	30.00
31.00 INTENSIVE CARE UNIT	2,372,448	455,225	2,827,673	-66,644	2,761,029	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	4,466,425	1,278,682	5,745,107	-456,202	5,288,905	35.00
40.00 SUBPROVIDER - IPF	1,657,978	279,720	1,937,698	-8,655	1,929,043	40.00
41.00 SUBPROVIDER - IRF	3,859,520	690,565	4,550,085	-60,951	4,489,134	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	1,372,756	1,372,756	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,739,638	26,231,463	29,971,101	-20,388,676	9,582,425	50.00
51.00 RECOVERY ROOM	2,073,921	308,816	2,382,737	-103,935	2,278,802	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	444,912	444,912	6,860,180	7,305,092	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,079,699	12,087,068	16,166,767	-1,836,086	14,330,681	54.00
55.00 RADIOLOGY-THERAPEUTIC	268,782	602,792	871,574	-214,651	656,923	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	758,402	751,086	1,509,488	320,211	1,829,699	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	498,344	1,720,767	2,219,111	57,903	2,277,014	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	6,724,654	6,724,654	-1,082	6,723,572	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	246,410	37,772	284,182	-1,853	282,329	64.00
65.00 RESPIRATORY THERAPY	2,008,081	637,557	2,645,638	-118,642	2,526,996	65.00
66.00 PHYSICAL THERAPY	4,224,017	1,048,401	5,272,418	-2,088,281	3,184,137	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	1,515,993	1,515,993	67.00
68.00 SPEECH PATHOLOGY	0	0	0	537,934	537,934	68.00
69.00 ELECTROCARDIOLOGY	29,398	1,297,490	1,326,888	-6,722	1,320,166	69.00
70.00 ELECTROENCEPHALOGRAPHY	987,709	1,081,559	2,069,268	-185,128	1,884,140	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,205,946	10,205,946	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,882,318	12,882,318	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	7,035,000	7,035,000	73.00
74.00 RENAL DIALYSIS	0	441,033	441,033	0	441,033	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	727,554	563,452	1,291,006	-234,166	1,056,840	76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	76.01
76.02 NEUROPSYCH	0	22,155	22,155	0	22,155	76.02
76.03 LUTHERWOOD	0	0	0	0	0	76.03
76.04 CENTER FOR WOUND CARE	0	0	0	0	0	76.04
76.97 CARDIAC REHABILITATION	928	51	979	0	979	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150169

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

Worksheet A
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23 FAMILY PRACTICE	0	0	0	0	0	90.23
90.24 PALLIATIVE CARE	0	128,095	128,095	0	128,095	90.24
90.25 INFUSION CENTERS	0	0	0	0	0	90.25
90.26 SPINE CENTER	1,106,537	446,679	1,553,216	-118,976	1,434,240	90.26
90.27 DIABETIC CARE CENTER	0	57,818	57,818	0	57,818	90.27
91.00 EMERGENCY	4,440,320	1,655,630	6,095,950	-118,933	5,977,017	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	84,099,011	192,438,072	276,537,083	1,499,828	278,036,911	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	30,561	30,561	0	30,561	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	10,460,253	12,929,444	23,389,697	-1,097,078	22,292,619	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 MEDCHECKS	0	0	0	0	0	194.02
194.03 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 INFINITY	0	0	0	0	0	194.04
194.05 POB	0	0	0	0	0	194.05
194.06 MEDICAL OFFICE BUILDINGS	0	2,961,292	2,961,292	-401,211	2,560,081	194.06
194.07 DIAGNOSTIC TESTING FACILITY	0	0	0	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	470,135	979,148	1,449,283	-1,539	1,447,744	194.08
200.00 TOTAL (SUM OF LINES 118-199)	95,029,399	209,338,517	304,367,916	0	304,367,916	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150169

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

Worksheet A
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	-6,118,578	8,340,578	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,528,923	13,994,423	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	5,471,535	18,924,409	4.00
5.00	ADMINISTRATIVE & GENERAL	-29,775,323	48,196,879	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	-288,176	8,127,232	7.00
8.00	LAUNDRY & LINEN SERVICE	0	843,258	8.00
9.00	HOUSEKEEPING	0	2,733,635	9.00
10.00	DIETARY	-24,521	1,178,183	10.00
11.00	CAFETERIA	-35,429	1,719,823	11.00
13.00	NURSING ADMINISTRATION	0	1,816,556	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,463,992	14.00
15.00	PHARMACY	-1,308,889	4,098,253	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,268,761	3,707,129	16.00
17.00	SOCIAL SERVICE	-40,695	1,856,391	17.00
19.00	NONPHYSICIAN ANESTHETISTS	-1,260,275	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	99,968	99,968	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	251,003	251,003	22.00
23.00	EMS	-117,578	17,520	23.00
23.01	RADIOLOGY SCHOOL	-53,161	31,892	23.01
23.02	PHARMACY SCHOOL	0	219,889	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-65,950	21,629,302	30.00
31.00	INTENSIVE CARE UNIT	0	2,761,029	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	-51,205	5,237,700	35.00
40.00	SUBPROVIDER - I PF	-4,611	1,924,432	40.00
41.00	SUBPROVIDER - I RF	-171,612	4,317,522	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	1,372,756	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-168,912	9,413,513	50.00
51.00	RECOVERY ROOM	0	2,278,802	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	7,305,092	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-631,772	13,698,909	54.00
55.00	RADIOLOGY-THERAPEUTIC	-157	656,766	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	1,829,699	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	-4,111	2,272,903	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-1,077,361	5,646,211	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	282,329	64.00
65.00	RESPIRATORY THERAPY	-40	2,526,956	65.00
66.00	PHYSICAL THERAPY	-11,623	3,172,514	66.00
67.00	OCCUPATIONAL THERAPY	0	1,515,993	67.00
68.00	SPEECH PATHOLOGY	0	537,934	68.00
69.00	ELECTROCARDIOLOGY	0	1,320,166	69.00
70.00	ELECTROENCEPHALOGRAPHY	31,519	1,915,659	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,205,946	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	12,882,318	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	7,035,000	73.00
74.00	RENAL DIALYSIS	0	441,033	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	ENDOSCOPY	-20,675	1,036,165	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	0	76.01
76.02	NEUROPSYCH	0	22,155	76.02
76.03	LUTHERWOOD	0	0	76.03
76.04	CENTER FOR WOUND CARE	0	0	76.04
76.97	CARDIAC REHABILITATION	0	979	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150169

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

Worksheet A
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0	0	90.22
90.23	FAMILY PRACTICE	0	0	90.23
90.24	PALLIATIVE CARE	-128,095	0	90.24
90.25	INFUSION CENTERS	0	0	90.25
90.26	SPINE CENTER	0	1,434,240	90.26
90.27	DIABETIC CARE CENTER	-57,818	0	90.27
91.00	EMERGENCY	-406,281	5,570,736	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-30,171,139	247,865,772	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	30,561	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	-18,519	22,274,100	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	OCCUPATIONAL HEALTH	0	0	194.01
194.02	MEDCHECKS	0	0	194.02
194.03	SCHOOL BASED CLINICS	0	0	194.03
194.04	INFINITY	0	0	194.04
194.05	POB	0	0	194.05
194.06	MEDICAL OFFICE BUILDINGS	0	2,560,081	194.06
194.07	DIAGNOSTIC TESTING FACILITY	0	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	1,447,744	194.08
200.00	TOTAL (SUM OF LINES 118-199)	-30,189,658	274,178,258	200.00

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6
Date/Time Prepared:
5/29/2012 8:26 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - Labor & Delivery Salary					
1.00	NURSERY	43.00	1,123,570	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	5,617,849	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		6,741,419	0	
2.00		52.00		1,242,331	2.00
3.00					3.00
B - Labor & Delivery Other					
1.00		43.00		249,186	1.00
				1,491,517	
C - Chargeable Medical Supplies					
1.00	SUBPROVIDER - IPF	40.00	0	240	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,205,946	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
	TOTALS		0	10,206,186	
D - Depreciation Expense					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	18,160,454	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
	TOTALS		0	18,160,454	
2.00		57.00	283,013		2.00
3.00		58.00	102,062		3.00
4.00					4.00
E - Radiology Support Salary					
1.00		55.00	64,151	0	1.00
			449,226		

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6

Date/Time Prepared:
5/29/2012 8:26 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
2.00		57.00		225,597	2.00
3.00		58.00		81,356	3.00
4.00					4.00
F - Radiology Support Other					
1.00		55.00		51,137	1.00
			0	358,090	
G - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	301,338	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	23,603	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	324,941	
H - Implantable Device Recl ass					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,882,318	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	12,882,318	
I - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,439,261	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	7,439,261	
K - Depreciation by CC					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,718,557	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	6,718,557	
2.00					2.00
L - Cafeteria Salary					
1.00		11.00	1,211,033		1.00
2.00			1,211,033	0	2.00
M - Cafeteria Recl ass					
1.00		11.00		544,219	1.00
			0	544,219	
N - PTO Allocation					
1.00	OPERATION OF PLANT	7.00	23,861	0	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	878	0	2.00
3.00	HOUSEKEEPING	9.00	9,383	0	3.00
4.00	DIETARY	10.00	25,436	0	4.00
5.00	NURSING ADMINISTRATION	13.00	1,850	0	5.00
6.00	PHARMACY	15.00	80,361	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	3,167	0	7.00
8.00	SOCIAL SERVICE	17.00	18,872	0	8.00
9.00	NONPHYSICIAN ANESTHETISTS	19.00	11,649	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	186,873	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	22,808	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	43,369	0	12.00
13.00	SUBPROVIDER - IPF	40.00	12,880	0	13.00
14.00	SUBPROVIDER - IRF	41.00	4,263	0	14.00
15.00	OPERATING ROOM	50.00	1,891	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	55,235	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	4,600	0	17.00
18.00	CT SCAN	57.00	6,607	0	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	8,617	0	19.00
20.00	INTRAVENOUS THERAPY	64.00	1,318	0	20.00
21.00	RESPIRATORY THERAPY	65.00	19,117	0	21.00
22.00	PHYSICAL THERAPY	66.00	26,581	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	160	0	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	8,829	0	24.00
25.00	ENDOSCOPY	76.00	10,701	0	25.00
26.00	SPINE CENTER	90.26	6,452	0	26.00
27.00	EMERGENCY	91.00	36,081	0	27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	11,972	0	28.00
29.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	5,820	0	29.00
30.00		0.00	0	0	30.00
	TOTALS		649,631	0	
2.00					2.00
O - Pharmacy Residency Preceptor Salary Recl ass					
1.00		23.02	163,376		1.00
			163,376	0	
P - Pharmacy Residency Preceptor Recl ass					
1.00	PHARMACY SCHOOL	23.02	0	56,513	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	56,513	

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
Q - Drugs Charges to Pat						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,035,000	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
TOTALS			0	7,035,000		
R - Therapy Salary						
1.00	SPEECH PATHOLOGY	68.00	431,492	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	1,216,022	0	2.00	
TOTALS			1,647,514	0		
S - Therapy Other						
1.00	SPEECH PATHOLOGY	68.00	0	106,442	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0	299,971	2.00	
TOTALS			0	406,413		
T - Plant Operations Expense						
1.00		7.00	0	24,889	1.00	
TOTALS			0	24,889		
U - Dietary Food Service Allocation						
1.00	DIETARY	10.00	0	297,716	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
TOTALS			0	297,716		
V - Duncy Poythress Ultrasound Purchased Service						
1.00		54.00	0	621,738	1.00	
TOTALS			0	621,738		
X - EMS SCHOOL SALARY RECLASS						
1.00	EMS	23.00	16,275	0	1.00	
2.00		0.00	0	0	2.00	
TOTALS			16,275	0		
Y - EMS SCHOOL OTHER RECLASS						
1.00	EMS	23.00	0	1,245	1.00	
2.00		0.00	0	0	2.00	
TOTALS			0	1,245		
Z - Radiology School Allied Health						
1.00		23.01	0	2,266	1.00	
TOTALS			0	2,266		

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
2.00					2.00	
AA - Radiology School Allied Health						
1.00		23.01	29,626	0	1.00	
AB - E I B L I A B I L I T Y						
1.00	ADULTS & PEDIATRICS	30.00	0	35,770	1.00	
2.00	SUBPROVIDER - IRF	41.00	0	4,007	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	222	3.00	
4.00	RESPIRATORY THERAPY	65.00	0	1,368	4.00	
5.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,080	5.00	
6.00	EMERGENCY	91.00	0	8,594	6.00	
TOTALS			0	54,041		
AC - CONTRACT LABOR						
1.00	ADULTS & PEDIATRICS	30.00	81,819	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	8,649	0	2.00	
3.00	SUBPROVIDER - IRF	41.00	21,652	0	3.00	
4.00	EMERGENCY	91.00	23,953	0	4.00	
TOTALS			136,073	0		
500.00	Grand Total: Increases		11,044,173	66,625,364	500.00	

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - Labor & Delivery Salary						
1.00	0.00	0	0	0		1.00
2.00	0.00	0	0	0		2.00
3.00	ADULTS & PEDIATRICS	6,741,419	0	0		3.00
2.00	TOTALS	6,741,419	0	0		2.00
3.00			1,491,517			3.00
B - Labor & Delivery Other						
1.00			0	1,491,517		1.00
C - Chargeable Medical Supplies						
1.00	0.00	0	0	0		1.00
2.00	0.00	0	0	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	592		3.00
4.00	OPERATION OF PLANT	7.00	0	43,247		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,372,473		5.00
6.00	PHARMACY	15.00	0	43,518		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	30,513		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	1,663		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,446		9.00
10.00	SUBPROVIDER - IRF	41.00	0	897		10.00
11.00	OPERATING ROOM	50.00	0	6,694,862		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	965		12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	7		13.00
14.00	RESPIRATORY THERAPY	65.00	0	11,557		14.00
15.00	PHYSICAL THERAPY	66.00	0	240		15.00
16.00	SPINE CENTER	90.26	0	25		16.00
17.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,090		17.00
18.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	0	2,091		18.00
	TOTALS		0	10,206,186		
D - Depreciation Expense						
1.00	0.00	0	0	0	9	1.00
2.00	EMPLOYEE BENEFITS	4.00	0	28,182	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	10,432,415	0	3.00
4.00	OPERATION OF PLANT	7.00	0	179,021	0	4.00
5.00	HOUSEKEEPING	9.00	0	24,625	0	5.00
6.00	DIETARY	10.00	0	194,325	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,587	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	137,020	0	8.00
9.00	PHARMACY	15.00	0	145,125	0	9.00
10.00	NONPHYSICIAN ANESTHETISTS	19.00	0	10,096	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,414,809	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	85,627	0	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	495,086	0	13.00
14.00	SUBPROVIDER - IPF	40.00	0	21,775	0	14.00
15.00	SUBPROVIDER - IRF	41.00	0	51,007	0	15.00
16.00	OPERATING ROOM	50.00	0	802,765	0	16.00
17.00	RECOVERY ROOM	51.00	0	93,984	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,632,631	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	334,009	0	19.00
20.00	CT SCAN	57.00	0	194,202	0	20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	133,935	0	21.00
22.00	LABORATORY	60.00	0	1,082	0	22.00
23.00	INTRAVENOUS THERAPY	64.00	0	3,171	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	125,862	0	24.00
25.00	PHYSICAL THERAPY	66.00	0	58,696	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	6,882	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	188,666	0	27.00
28.00	ENDOSCOPY	76.00	0	243,141	0	28.00
29.00	SPINE CENTER	90.26	0	105,075	0	29.00
30.00	EMERGENCY	91.00	0	126,794	0	30.00
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	485,997	0	31.00
32.00	MEDICAL OFFICE BUILDINGS	194.06	0	401,211	0	32.00
33.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	0	1,651	0	33.00
	TOTALS		0	18,160,454		
2.00						2.00
3.00						3.00
4.00		54.00	449,226			4.00
E - Radiology Support Salary						
1.00						1.00

RECLASSIFICATIONS

Provider CCN: 150169

Period:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
2.00			449,226	0			2.00
3.00							3.00
4.00		54.00		358,090			4.00
F - Radiology Support Other							
1.00			0	358,090			1.00
G - Capital Insurance Costs							
1.00		0.00	0	0	12		1.00
2.00		0.00	0	0	12		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	324,941	0		3.00
	TOTALS		0	324,941			
H - Implantable Device Recl ass							
1.00		0.00	0	0	0		1.00
2.00	OPERATING ROOM	50.00	0	12,882,318	0		2.00
	TOTALS		0	12,882,318			
I - Interest Expense							
1.00		0.00	0	0	11		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	7,439,261	0		2.00
	TOTALS		0	7,439,261			
K - Depreciation by CC							
1.00		0.00	0	0	9		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,718,557	9		2.00
	TOTALS		0	6,718,557			
2.00		10.00	1,211,033				2.00
L - Cafeteria Salary							
1.00			1,211,033	0			1.00
2.00		10.00		544,219			2.00
M - Cafeteria Recl ass							
1.00			0	544,219			1.00
N - PTO Allocation							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00	ADMINISTRATIVE & GENERAL	5.00	649,631	0	0		30.00
	TOTALS		649,631	0			
2.00		15.00	163,376				2.00
O - Pharmacy Residency Preceptor Salary Recl ass							
1.00			163,376	0			1.00
P - Pharmacy Residency Preceptor Recl ass							
1.00		0.00	0	0	0		1.00
2.00	PHARMACY	15.00	0	56,513	0		2.00
	TOTALS		0	56,513			

RECLASSIFICATIONS

Provider CCN: 150169

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

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
Q - Drugs Charges to Pat						
1.00	0.00	0	0	0	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	128	0	2.00
3.00	PHARMACY	15.00	0	6,975,434	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,424	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	99	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,135	0	6.00
7.00	OPERATING ROOM	50.00	0	4,067	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	33,301	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	530	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	300	0	10.00
11.00	PHYSICAL THERAPY	66.00	0	440	0	11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	565	0	12.00
13.00	ENDOSCOPY	76.00	0	655	0	13.00
14.00	SPINE CENTER	90.26	0	16,786	0	14.00
15.00	EMERGENCY	91.00	0	136	0	15.00
	TOTALS		0	7,035,000		
R - Therapy Salary						
1.00	0.00	0	0	0	0	1.00
2.00	PHYSICAL THERAPY	66.00	1,647,514	0	0	2.00
	TOTALS		1,647,514	0		
S - Therapy Other						
1.00	0.00	0	0	0	0	1.00
2.00	PHYSICAL THERAPY	66.00	0	406,413	0	2.00
	TOTALS		0	406,413		
2.00	5.00			24,889		2.00
T - Plant Operations Expense						
1.00			0	24,889		1.00
U - Dietary Food Service Allocation						
1.00	0.00	0	0	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	123,104	0	2.00
3.00	OPERATION OF PLANT	7.00	0	3,091	0	3.00
4.00	HOUSEKEEPING	9.00	0	1,165	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	73	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	913	0	6.00
7.00	PHARMACY	15.00	0	247	0	7.00
8.00	SOCIAL SERVICE	17.00	0	125	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	102,923	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	2,063	0	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	904	0	11.00
12.00	SUBPROVIDER - IRF	41.00	0	13,310	0	12.00
13.00	OPERATING ROOM	50.00	0	6,555	0	13.00
14.00	RECOVERY ROOM	51.00	0	9,951	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,954	0	15.00
16.00	CT SCAN	57.00	0	804	0	16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	190	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	40	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	1,559	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,726	0	20.00
21.00	ENDOSCOPY	76.00	0	1,071	0	21.00
22.00	SPINE CENTER	90.26	0	3,542	0	22.00
23.00	EMERGENCY	91.00	0	10,564	0	23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	225	0	24.00
25.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	0	3,617	0	25.00
	TOTALS		0	297,716		
2.00	192.00			621,738		2.00
V - Dungy Poythress Ultrasound Purchased Service						
1.00			0	621,738		1.00
X - EMS SCHOOL SALARY RECLASS						
1.00	0.00	0	0	0	0	1.00
2.00	EMERGENCY	91.00	16,275	0	0	2.00
	TOTALS		16,275	0		
Y - EMS SCHOOL OTHER RECLASS						
1.00	0.00	0	0	0	0	1.00
2.00	EMERGENCY	91.00	0	1,245	0	2.00
	TOTALS		0	1,245		
2.00	54.00			2,266		2.00
Z - Radiology School Allied Health						
1.00			0	2,266		1.00

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6

Date/Time Prepared:
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Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
2.00	6.00	7.00	8.00	9.00	10.00			
		54.00	29,626				2.00	
1.00	AA - Radiology School Allied Health							
			29,626	0			1.00	
	AB - E I B L I A B I L I T Y							
1.00	ADULTS & PEDIATRICS	30.00	35,770	0	0		1.00	
2.00	SUBPROVIDER - IRF	41.00	4,007	0	0		2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	222	0	0		3.00	
4.00	RESPIRATORY THERAPY	65.00	1,368	0	0		4.00	
5.00	ELECTROENCEPHALOGRAPHY	70.00	4,080	0	0		5.00	
6.00	EMERGENCY	91.00	8,594	0	0		6.00	
	TOTALS		54,041	0				
	AC - CONTRACT LABOR							
1.00	ADULTS & PEDIATRICS	30.00	0	81,819	0		1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	8,649	0		2.00	
3.00	SUBPROVIDER - IRF	41.00	0	21,652	0		3.00	
4.00	EMERGENCY	91.00	0	23,953	0		4.00	
	TOTALS		0	136,073				
500.00	Grand Total: Decreases		10,962,141	66,707,396			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150169

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 8:26 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,705,851	0	0	0	0	1.00
2.00	Land Improvements	3,116,937	0	0	0	0	2.00
3.00	Buildings and Fixtures	280,750,811	4,923,027	0	4,923,027	0	3.00
4.00	Building Improvements	4,909,201	988,590	0	988,590	0	4.00
5.00	Fixed Equipment	3,118,039	0	0	0	0	5.00
6.00	Movable Equipment	83,178,889	6,675,151	0	6,675,151	53,291	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	377,779,728	12,586,768	0	12,586,768	53,291	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	377,779,728	12,586,768	0	12,586,768	53,291	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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL	Insurance	
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)		
		1.00	2.00	3.00	4.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150169

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 8:26 am

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,705,851	0		1.00	
2.00	Land Improvements	3,116,937	0		2.00	
3.00	Buildings and Fixtures	285,673,838	0		3.00	
4.00	Building Improvements	5,897,791	0		4.00	
5.00	Fixed Equipment	3,118,039	0		5.00	
6.00	Movable Equipment	89,800,749	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	390,313,205	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	390,313,205	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	CAP REL COSTS-BLDG & FIXT	0	0		1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	0		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	CAP REL COSTS-BLDG & FIXT	0	0	0	8,039,240	0
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,970,820	0
3.00	Total (sum of lines 1-2)	0	0	0	22,010,060	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150169

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 8:26 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	CAP REL COSTS-BLDG & FIXT	0	301,338	0	0	8,340,578	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	23,603	0	0	13,994,423	2.00
3.00	Total (sum of lines 1-2)	0	324,941	0	0	22,335,001	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150169

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 8:26 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 - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)		0		0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-33,435	ADMINISTRATIVE & GENERAL	5.00	7.00
8.00 Television and radio service (chapter 21)		0		0.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-937,757			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-81,727			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests		0		0.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts		0		0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines		0		0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist	A	-1,260,275	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00 Physicians' assistant		0		0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00	32.00
33.00 Misc Revenue	B	-151,273	ADMINISTRATIVE & GENERAL	5.00	33.00
33.01 Misc Revenue	B	-39,025	ADULTS & PEDIATRICS	30.00	33.01
33.02 Misc Revenue	B	-157	RADIOLOGY-THERAPEUTIC	55.00	33.02
33.03 Misc Revenue	B	-23,287	OPERATING ROOM	50.00	33.03
33.04 Misc Revenue	B	-15,347	OPERATING ROOM	50.00	33.04
33.05 Misc Revenue	B	-8,733	ENDOSCOPY	76.00	33.05
33.06 Misc Revenue	B	-40	RESPIRATORY THERAPY	65.00	33.06
33.07 Misc Revenue	B	-449,079	RADIOLOGY-DIAGNOSTIC	54.00	33.07
33.08 Misc Revenue	B	-3,191	PHARMACY	15.00	33.08
33.09 Misc Revenue	B	-1,534	PHYSICAL THERAPY	66.00	33.09
33.10 Misc Revenue	B	-2,499	DIETARY	10.00	33.10
33.11 Misc Revenue	B	-63,232	OPERATION OF PLANT	7.00	33.11
33.12 Misc Revenue	B	-171,742	EMPLOYEE BENEFITS	4.00	33.12
33.13 Misc Revenue	B	-11	ELECTROENCEPHALOGRAPHY	70.00	33.13
34.00 Misc Rev MACL	B	-29,646	OPERATION OF PLANT	7.00	34.00
35.00 Service Allocation CHE	B	-26,925	ADULTS & PEDIATRICS	30.00	35.00
35.01 Service Allocation CHE	B	-43,882	RADIOLOGY-DIAGNOSTIC	54.00	35.01
35.02 Service Allocation CHE	B	-22,022	DIETARY	10.00	35.02
36.00 Outside Corp Revenue	B	-4,955	LABORATORY	60.00	36.00
37.00 Leased Equipment CBI	B	-4,503,640	ADMINISTRATIVE & GENERAL	5.00	37.00
38.00 SPACE RENTAL - CBI	B	-335,628	ADMINISTRATIVE & GENERAL	5.00	38.00
39.00 IHH Leased Employees	B	-195,298	OPERATION OF PLANT	7.00	39.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150169

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 8:26 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
39.01 IHH Leased Employees	B	-1,533,254	PHARMACY	15.00 39.01
39.02 IHH Leased Employees	B	-40,695	SOCIAL SERVICE	17.00 39.02
39.03 IHH Leased Employees	B	-30,453	OPERATING ROOM	50.00 39.03
39.04 IHH Leased Employees	B	-4,111	MAGNETIC RESONANCE IMAGING (MRI)	58.00 39.04
39.05 IHH Leased Employees	B	-3,379	ELECTROENCEPHALOGRAPHY	70.00 39.05
39.06 IHH Leased Employees	B	-11,942	ENDOSCOPY	76.00 39.06
40.00 Vend ing Revenue	B	-89	PHYSICAL THERAPY	66.00 40.00
41.00 Space Rental Income IHH and OLI	B	-133,758	RADIOLOGY-DIAGNOSTIC	54.00 41.00
42.00 Interest Income	B	-6,708,354	CAP REL COSTS-BLDG & FIXT	1.00 42.00
49.00 Depreciation Building Relif ing Adj .	A	1,452,064	CAP REL COSTS-BLDG & FIXT	1.00 49.00
49.01 Bad Debt Expense	A	-16,579,945	ADMINISTRATIVE & GENERAL	5.00 49.01
49.02 Non Allow Marketing Expense	A	-5,053	RADIOLOGY-DIAGNOSTIC	54.00 49.02
49.03 Meals of Wheels Cost	A	-35,429	CAFETERIA	11.00 49.03
49.04 Pharmacy Residency Expense	A	219,890	PHARMACY	15.00 49.04
49.05 00 Non-Allow Interest Expense	A	-55,894	CAP REL COSTS-BLDG & FIXT	1.00 49.05
49.06 00 Non-Allow Interest Expense	A	-437,687	ADMINISTRATIVE & GENERAL	5.00 49.06
49.07 97 Non-Allow Interest Expense	A	-40,489	CAP REL COSTS-BLDG & FIXT	1.00 49.07
49.08 97 Non-Allow Interest Expense	A	-299,867	ADMINISTRATIVE & GENERAL	5.00 49.08
49.09 95 Non-Allow Interest Expense	A	-465,019	CAP REL COSTS-BLDG & FIXT	1.00 49.09
49.10 95 Non-Allow Interest Expense	A	-47,141	ADMINISTRATIVE & GENERAL	5.00 49.10
49.11 92A Non- Allow Interest Expense	A	-128,156	CAP REL COSTS-BLDG & FIXT	1.00 49.11
49.12 92A Non- Allow Interest Expense	A	-30,348	ADMINISTRATIVE & GENERAL	5.00 49.12
49.13 92 Non-Allow Interest Expense	A	-41,349	CAP REL COSTS-BLDG & FIXT	1.00 49.13
49.14 92 Non-Allow Interest Expense	A	-4,180	ADMINISTRATIVE & GENERAL	5.00 49.14
49.15 INTERHOSPITAL ALLOCATION PALIATIVE CARE AND DCC	A	-128,095	PALLIATIVE CARE	90.24 49.15
49.16 INTERHOSPITAL ALLOCATION PALIATIVE CARE AND DCC	A	-57,818	DIABETIC CARE CENTER	90.27 49.16
49.17 INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	-53,161	RADIOLOGY SCHOOL	23.01 49.17
49.18 INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	-117,578	EMS	23.00 49.18
49.19 Fishers Park Sponsorship	A	-60,000	ADMINISTRATIVE & GENERAL	5.00 49.19
49.20 PENSION ADJUSTMENT	A	3,605,927	EMPLOYEE BENEFITS	4.00 49.20
49.57 Noblesville High School Sponsorship	A	-10,000	PHYSICAL THERAPY	66.00 49.57
49.59 Purchased Discounts	B	45	ADMINISTRATIVE & GENERAL	5.00 49.59
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,189,658		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150169

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

Worksheet A-8
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	Misc Revenue	0	33.00
33.01	Misc Revenue	0	33.01
33.02	Misc Revenue	0	33.02
33.03	Misc Revenue	0	33.03
33.04	Misc Revenue	0	33.04
33.05	Misc Revenue	0	33.05
33.06	Misc Revenue	0	33.06
33.07	Misc Revenue	0	33.07
33.08	Misc Revenue	0	33.08
33.09	Misc Revenue	0	33.09
33.10	Misc Revenue	0	33.10
33.11	Misc Revenue	0	33.11
33.12	Misc Revenue	0	33.12
33.13	Misc Revenue	0	33.13
34.00	Misc Rev MACL	0	34.00
35.00	Service Allocation CHE	0	35.00
35.01	Service Allocation CHE	0	35.01
35.02	Service Allocation CHE	0	35.02
36.00	Outside Corp Revenue	0	36.00
37.00	Leased Equipment CBI	0	37.00
38.00	SPACE RENTAL - CBI	0	38.00
39.00	IHH Leased Employees	0	39.00
39.01	IHH Leased Employees	0	39.01
39.02	IHH Leased Employees	0	39.02
39.03	IHH Leased Employees	0	39.03
39.04	IHH Leased Employees	0	39.04
39.05	IHH Leased Employees	0	39.05
39.06	IHH Leased Employees	0	39.06

ADJUSTMENTS TO EXPENSES

Provider CCN: 150169

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
40.00	Vending Revenue	0	40.00
41.00	Space Rental Income IHH and OLI	0	41.00
42.00	Interest Income	11	42.00
49.00	Depreciation Building Relifing Adj.	9	49.00
49.01	Bad Debt Expense	0	49.01
49.02	Non Allow Marketing Expense	0	49.02
49.03	Meals of Wheels Cost	0	49.03
49.04	Pharmacy Residency Expense	0	49.04
49.05	00 Non-Allow Interest Expense	11	49.05
49.06	00 Non-Allow Interest Expense	0	49.06
49.07	97 Non-Allow Interest Expense	11	49.07
49.08	97 Non-Allow Interest Expense	0	49.08
49.09	95 Non-Allow Interest Expense	11	49.09
49.10	95 Non-Allow Interest Expense	0	49.10
49.11	92A Non-Allow Interest Expense	11	49.11
49.12	92A Non-Allow Interest Expense	0	49.12
49.13	92 Non-Allow Interest Expense	11	49.13
49.14	92 Non-Allow Interest Expense	0	49.14
49.15	INTERHOSPITAL ALLOCATION PALIATIVE CARE AND DCC	0	49.15
49.16	INTERHOSPITAL ALLOCATION PALIATIVE CARE AND DCC	0	49.16
49.17	INTERHOSPITAL ALLOCATION ALLIED HEALTH	0	49.17
49.18	INTERHOSPITAL ALLOCATION ALLIED HEALTH	0	49.18
49.19	Fishers Park Sponsorship	0	49.19
49.20	PENSION ADJUSTMENT	0	49.20
49.57	Noblesville High School Sponsorship	0	49.57
49.59	Purchased Discounts	0	49.59
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: 150169

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2012 8:26 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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	INTERNS AND RESIDENTS	1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	INTERNS AND RESIDENTS	2.00
3.00	60.00	LABORATORY	MACL	3.00
4.00	194.06	MEDICAL OFFICE BUILDINGS	IHH POB	4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	4.01
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	4.02
4.03	4.00	EMPLOYEE BENEFITS	HOME OFFICE	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	4.04
4.05	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	7250 CLEARVISTA POB	4.06
4.07	15.00	PHARMACY	7250 CLEARVISTA POB	4.07
4.08	50.00	OPERATING ROOM	7250 CLEARVISTA POB	4.08
4.09	70.00	ELECTROENCEPHALOGRAPHY	7250 CLEARVISTA POB	4.09
4.10	192.00	PHYSICIANS' PRIVATE OFFICES	7250 CLEARVISTA POB	4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

6.00	B	CHN' W	100.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

(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: 150169

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2012 8:26 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	251,003	0	251,003	0	1.00
2.00	99,968	0	99,968	0	2.00
3.00	4,961,593	6,016,845	-1,055,252	0	3.00
4.00	939,227	939,227	0	0	4.00
4.01	6,587,176	6,718,557	-131,381	9	4.01
4.02	2,528,923	0	2,528,923	9	4.02
4.03	2,037,740	390	2,037,350	0	4.03
4.04	27,186,027	34,382,763	-7,196,736	0	4.04
4.05	3,268,761	0	3,268,761	0	4.05
4.06	231,193	160,077	71,116	0	4.06
4.07	24,921	17,255	7,666	0	4.07
4.08	61,523	42,598	18,925	0	4.08
4.09	118,496	82,047	36,449	0	4.09
4.10	38,980	57,499	-18,519	0	4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	48,335,531	48,417,258	-81,727	5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00		0.00	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: 150169

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:26 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	DR. A	250,000	0	1.00
2.00	5.00	DR. B	33,962	0	2.00
3.00	5.00	DR. C	7,200	0	3.00
4.00	5.00	DR. D	5,200	0	4.00
5.00	5.00	DR. E	101,100	0	5.00
6.00	5.00	DR. F	115,200	0	6.00
7.00	5.00	DR. G	14,950	0	7.00
8.00	5.00	DR. H	22,100	0	8.00
9.00	5.00	DR. I	63,700	0	9.00
10.00	5.00	DR. J	158,200	158,200	10.00
11.00	35.00	DR. K	75,000	0	11.00
12.00	40.00	DR. L	11,000	0	12.00
13.00	41.00	DR. M	171,612	171,612	13.00
14.00	50.00	DR. N	65,000	0	14.00
15.00	50.00	DR. O	118,750	118,750	15.00
16.00	91.00	DR. P	576,666	376,666	16.00
17.00	54.00	DR. Q	50,000	0	17.00
18.00	60.00	DR. R	125,004	0	18.00
19.00	70.00	DR. S	10,400	0	19.00
200.00			1,975,044	825,228	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150169

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:26 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	250,000	208,000	3,285	328,500	16,425	1.00
2.00	33,962	177,200	300	25,558	1,278	2.00
3.00	7,200	208,000	144	14,400	720	3.00
4.00	5,200	208,000	96	9,600	480	4.00
5.00	101,100	208,000	2,088	208,800	10,440	5.00
6.00	115,200	208,000	2,920	292,000	14,600	6.00
7.00	14,950	208,000	230	23,000	1,150	7.00
8.00	22,100	208,000	340	34,000	1,700	8.00
9.00	63,700	208,000	1,176	117,600	5,880	9.00
10.00	0	0	0	0	0	10.00
11.00	75,000	196,400	252	23,795	1,190	11.00
12.00	11,000	177,200	75	6,389	319	12.00
13.00	0	0	0	0	0	13.00
14.00	65,000	208,000	682	68,200	3,410	14.00
15.00	0	0	0	0	0	15.00
16.00	200,000	177,200	2,000	170,385	8,519	16.00
17.00	50,000	225,300	1,152	124,782	6,239	17.00
18.00	125,004	215,700	1,040	107,850	5,393	18.00
19.00	10,400	177,200	104	8,860	443	19.00
200.00	1,149,816		15,884	1,563,719	78,186	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150169

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:26 am

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	328,500	1.00
2.00	0	0	0	0	25,558	2.00
3.00	0	0	0	0	14,400	3.00
4.00	0	0	0	0	9,600	4.00
5.00	0	0	0	0	208,800	5.00
6.00	0	0	0	0	292,000	6.00
7.00	0	0	0	0	23,000	7.00
8.00	0	0	0	0	34,000	8.00
9.00	0	0	0	0	117,600	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	23,795	11.00
12.00	0	0	0	0	6,389	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	68,200	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	170,385	16.00
17.00	0	0	0	0	124,782	17.00
18.00	0	0	0	0	107,850	18.00
19.00	0	0	0	0	8,860	19.00
200.00	0	0	0	0	1,563,719	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150169

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:26 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	0	1.00
2.00	8,404	8,404	2.00
3.00	0	0	3.00
4.00	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	0	158,200	10.00
11.00	51,205	51,205	11.00
12.00	4,611	4,611	12.00
13.00	0	171,612	13.00
14.00	0	0	14.00
15.00	0	118,750	15.00
16.00	29,615	406,281	16.00
17.00	0	0	17.00
18.00	17,154	17,154	18.00
19.00	1,540	1,540	19.00
200.00	112,529	937,757	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	8,340,578	8,340,578				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	13,994,423		13,994,423			2.00
4.00 EMPLOYEE BENEFITS	18,924,409	5,706	21,717	18,951,832		4.00
5.00 ADMINISTRATIVE & GENERAL	48,196,879	948,240	8,039,204	1,610,363	58,794,686	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	8,127,232	1,049,576	137,953	442,244	9,757,005	7.00
8.00 LAUNDRY & LINEN SERVICE	843,258	28,295	0	15,964	887,517	8.00
9.00 HOUSEKEEPING	2,733,635	51,327	18,976	364,428	3,168,366	9.00
10.00 DIETARY	1,178,183	107,146	60,887	165,464	1,511,680	10.00
11.00 CAFETERIA	1,719,823	156,373	88,859	241,482	2,206,537	11.00
13.00 NURSING ADMINISTRATION	1,816,556	47,290	1,223	62,400	1,927,469	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,463,992	0	105,587	0	1,569,579	14.00
15.00 PHARMACY	4,098,253	88,046	111,833	796,884	5,095,016	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,707,129	0	0	57,459	3,764,588	16.00
17.00 SOCIAL SERVICE	1,856,391	5,332	0	288,323	2,150,046	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	7,780	221,392	229,172	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	99,968	0	0	0	99,968	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	251,003	0	0	0	251,003	22.00
23.00 EMS	17,520	9,964	17,346	3,245	48,075	23.00
23.01 RADIOLOGY SCHOOL	31,892	0	0	5,907	37,799	23.01
23.02 PHARMACY SCHOOL	219,889	373	0	32,578	252,840	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	21,629,302	2,133,516	710,166	3,577,826	28,050,810	30.00
31.00 INTENSIVE CARE UNIT	2,761,029	258,094	65,984	479,343	3,564,450	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	5,237,700	486,482	381,513	899,262	7,004,957	35.00
40.00 SUBPROVIDER - IPF	1,924,432	129,094	16,780	333,172	2,403,478	40.00
41.00 SUBPROVIDER - IRF	4,317,522	375,520	39,306	773,965	5,506,313	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,372,756	159,769	60,456	224,042	1,817,023	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	9,413,513	375,777	618,610	746,068	11,153,968	50.00
51.00 RECOVERY ROOM	2,278,802	215,180	72,424	413,544	2,979,950	51.00
52.00 DELIVERY ROOM & LABOR ROOM	7,305,092	798,832	302,282	1,120,210	9,526,416	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	13,698,909	138,160	1,255,213	728,986	15,821,268	54.00
55.00 RADIOLOGY-THERAPEUTIC	656,766	50,767	258,478	67,305	1,033,316	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	1,829,699	13,570	149,652	208,978	2,201,899	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	2,272,903	67,686	105,010	121,440	2,567,039	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	5,646,211	67,977	834	0	5,715,022	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	282,329	2,369	2,444	49,397	336,539	64.00
65.00 RESPIRATORY THERAPY	2,526,956	75,713	96,989	403,955	3,103,613	65.00
66.00 PHYSICAL THERAPY	3,172,514	0	26,234	519,060	3,717,808	66.00
67.00 OCCUPATIONAL THERAPY	1,515,993	0	14,022	242,477	1,772,492	67.00
68.00 SPEECH PATHOLOGY	537,934	0	4,976	86,040	628,950	68.00
69.00 ELECTROCARDIOLOGY	1,320,166	0	5,303	5,894	1,331,363	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,915,659	18,494	145,386	197,898	2,277,437	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,205,946	0	0	0	10,205,946	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	12,882,318	0	0	0	12,882,318	72.00
73.00 DRUGS CHARGED TO PATIENTS	7,035,000	0	0	0	7,035,000	73.00
74.00 RENAL DIALYSIS	441,033	0	0	0	441,033	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	1,036,165	97,660	187,364	147,210	1,468,399	76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	76.01
76.02 NEUROPSYCH	22,155	0	0	0	22,155	76.02
76.03 LUTHERWOOD	0	0	0	0	0	76.03
76.04 CENTER FOR WOUND CARE	0	0	0	0	0	76.04
76.97 CARDIAC REHABILITATION	979	0	0	185	1,164	76.97
76.98 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	4.00	4A	
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23 FAMILY PRACTICE	0	0	0	0	0	90.23
90.24 PALLIATIVE CARE	0	0	0	0	0	90.24
90.25 INFUSION CENTERS	0	0	0	0	0	90.25
90.26 SPINE CENTER	1,434,240	0	80,971	221,932	1,737,143	90.26
90.27 DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00 EMERGENCY	5,570,736	325,838	97,707	892,421	6,886,702	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	247,865,772	8,288,166	13,309,469	16,768,743	244,945,317	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40,628	0	0	40,628	190.00
191.00 RESEARCH	30,561	0	0	0	30,561	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	22,274,100	10,361	374,509	2,088,183	24,747,153	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 MEDCHECKS	0	0	0	0	0	194.02
194.03 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 INFINITY	0	0	0	0	0	194.04
194.05 POB	0	0	0	0	0	194.05
194.06 MEDICAL OFFICE BUILDINGS	2,560,081	0	309,173	0	2,869,254	194.06
194.07 DIAGNOSTIC TESTING FACILITY	0	0	0	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	1,447,744	1,423	1,272	94,906	1,545,345	194.08
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)	274,178,258	8,340,578	13,994,423	18,951,832	274,178,258	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	58,794,686					5.00
6.00	MAINTENANCE & REPAIRS		0				6.00
7.00	OPERATION OF PLANT	2,663,438	0	12,420,443			7.00
8.00	LAUNDRY & LINEN SERVICE	242,272	0	55,457	1,185,246		8.00
9.00	HOUSEKEEPING	864,891	0	100,600	0	4,133,857	9.00
10.00	DIETARY	412,654	0	210,004	0	70,784	10.00
11.00	CAFETERIA	602,334	0	306,487	0	103,305	11.00
13.00	NURSING ADMINISTRATION	526,155	0	92,687	0	31,241	13.00
14.00	CENTRAL SERVICES & SUPPLY	428,459	0	0	0	0	14.00
15.00	PHARMACY	1,390,822	0	172,568	0	58,166	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,027,646	0	0	0	0	16.00
17.00	SOCIAL SERVICE	586,913	0	10,451	0	3,523	17.00
19.00	NONPHYSICIAN ANESTHETISTS	62,559	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	27,289	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	68,518	0	0	0	0	22.00
23.00	EMS	13,123	0	19,530	0	6,583	23.00
23.01	RADIOLOGY SCHOOL	10,318	0	0	0	0	23.01
23.02	PHARMACY SCHOOL	69,020	0	732	0	247	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,657,148	0	4,181,625	542,957	1,409,468	30.00
31.00	INTENSIVE CARE UNIT	973,013	0	505,857	56,560	170,505	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,912,192	0	953,491	25,462	321,385	35.00
40.00	SUBPROVIDER - I/PF	656,094	0	253,020	13,116	85,283	40.00
41.00	SUBPROVIDER - I/RF	1,503,097	0	736,009	62,339	248,080	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	496,005	0	313,142	33,181	105,548	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,044,777	0	736,512	42,633	248,250	50.00
51.00	RECOVERY ROOM	813,458	0	421,746	0	142,154	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,600,492	0	1,565,688	165,909	527,734	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,318,842	0	270,789	18,084	91,273	54.00
55.00	RADIOLOGY-THERAPEUTIC	282,072	0	99,502	11,857	33,538	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	601,068	0	26,596	0	8,965	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	700,743	0	132,662	0	44,715	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	1,560,070	0	133,233	0	44,908	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	91,867	0	4,642	0	1,565	64.00
65.00	RESPIRATORY THERAPY	847,215	0	148,395	0	50,018	65.00
66.00	PHYSICAL THERAPY	1,014,876	0	0	14,864	0	66.00
67.00	OCCUPATIONAL THERAPY	483,850	0	0	7,947	0	67.00
68.00	SPEECH PATHOLOGY	171,689	0	0	2,820	0	68.00
69.00	ELECTROCARDIOLOGY	363,431	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	621,688	0	36,247	0	12,217	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,785,989	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	3,516,577	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,920,393	0	0	0	0	73.00
74.00	RENAL DIALYSIS	120,392	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	ENDOSCOPY	400,839	0	191,412	25,360	64,518	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	76.01
76.02	NEUROPSYCH	6,048	0	0	0	0	76.02
76.03	LUTHERWOOD	0	0	0	0	0	76.03
76.04	CENTER FOR WOUND CARE	0	0	0	0	0	76.04
76.97	CARDIAC REHABILITATION	318	0	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23 FAMILY PRACTICE	0	0	0	0	0	90.23
90.24 PALLIATIVE CARE	0	0	0	0	0	90.24
90.25 INFUSION CENTERS	0	0	0	0	0	90.25
90.26 SPINE CENTER	474,200	0	0	4,279	0	90.26
90.27 DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00 EMERGENCY	1,879,911	0	638,633	157,878	215,259	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	50,814,765	0	12,317,717	1,185,246	4,099,232	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,091	0	79,629	0	26,840	190.00
191.00 RESEARCH	8,342	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	6,755,404	0	20,307	0	6,845	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 MEDCHECKS	0	0	0	0	0	194.02
194.03 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 INFINITY	0	0	0	0	0	194.04
194.05 POB	0	0	0	0	0	194.05
194.06 MEDICAL OFFICE BUILDINGS	783,240	0	0	0	0	194.06
194.07 DIAGNOSTIC TESTING FACILITY	0	0	0	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	421,844	0	2,790	0	940	194.08
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)	58,794,686	0	12,420,443	1,185,246	4,133,857	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	2,205,122					10.00
11.00 CAFETERIA	0	3,218,663				11.00
13.00 NURSING ADMINISTRATION	0	33,623	2,611,175			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	1,998,038		14.00
15.00 PHARMACY	0	106,983	0	367,668	7,191,223	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	12,227	0	0	0	16.00
17.00 SOCIAL SERVICE	0	61,133	0	227	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	21,397	0	7,995	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	6,113	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 EMS	0	3,057	4,061	0	0	23.00
23.01 RADIOLOGY SCHOOL	0	3,057	4,061	0	0	23.01
23.02 PHARMACY SCHOOL	0	9,170	12,183	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,545,887	883,372	1,173,606	85,675	1,456	30.00
31.00 INTENSIVE CARE UNIT	112,452	106,983	142,132	15,840	101	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	198,683	263,960	16,312	1,160	35.00
40.00 SUBPROVIDER - IPF	168,407	82,530	109,645	4,015	0	40.00
41.00 SUBPROVIDER - IRF	378,376	220,080	292,387	7,880	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	58,077	77,158	9,130	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	180,343	239,595	1,133,272	4,157	50.00
51.00 RECOVERY ROOM	0	91,700	0	10,842	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	302,609	0	45,649	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	106,983	0	39,836	34,041	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	15,283	0	51,187	542	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	48,907	0	11,357	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	27,510	0	8,410	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	68,694	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	9,170	0	7,915	0	64.00
65.00 RESPIRATORY THERAPY	0	94,756	0	15,535	307	65.00
66.00 PHYSICAL THERAPY	0	100,870	0	5,454	450	66.00
67.00 OCCUPATIONAL THERAPY	0	58,077	0	2,912	0	67.00
68.00 SPEECH PATHOLOGY	0	21,397	0	1,033	0	68.00
69.00 ELECTROCARDIOLOGY	0	3,057	0	27	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	42,793	0	9,183	578	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	7,130,463	73.00
74.00 RENAL DIALYSIS	0	0	0	989	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	0	33,623	0	28,168	670	76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	76.01
76.02 NEUROPSYCH	0	0	0	0	0	76.02
76.03 LUTHERWOOD	0	0	0	0	0	76.03
76.04 CENTER FOR WOUND CARE	0	0	0	0	0	76.04
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

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Part I
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23	FAMILY PRACTICE	0	0	0	0	0	90.23
90.24	PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	INFUSION CENTERS	0	0	0	0	0	90.25
90.26	SPINE CENTER	0	33,623	0	2,176	17,159	90.26
90.27	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	EMERGENCY	0	220,080	292,387	34,217	139	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,205,122	3,197,266	2,611,175	1,991,598	7,191,223	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,231	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	MEDCHECKS	0	0	0	0	0	194.02
194.03	SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	INFINITY	0	0	0	0	0	194.04
194.05	POB	0	0	0	0	0	194.05
194.06	MEDICAL OFFICE BUILDINGS	0	0	0	93	0	194.06
194.07	DIAGNOSTIC TESTING FACILITY	0	0	0	0	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	21,397	0	2,116	0	194.08
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)	2,205,122	3,218,663	2,611,175	1,998,038	7,191,223	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

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Cost Center Description	INTERNS & RESIDENTS					
	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	16.00	17.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	4,804,461					16.00
17.00 SOCIAL SERVICE	0	2,812,293				17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	321,123			19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	133,370		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	319,521	22.00
23.00 EMS	0	0	0	0	0	23.00
23.01 RADIOLOGY SCHOOL	0	0	0	0	0	23.01
23.02 PHARMACY SCHOOL	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	413,849	1,584,300	0	58,829	140,937	30.00
31.00 INTENSIVE CARE UNIT	59,747	115,244	0	3,770	9,033	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	303,066	315,715	0	0	0	35.00
40.00 SUBPROVIDER - IPF	47,202	172,590	0	0	0	40.00
41.00 SUBPROVIDER - IRF	84,521	387,779	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	43,067	236,665	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	472,208	0	321,123	10,468	25,079	50.00
51.00 RECOVERY ROOM	124,234	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	220,215	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	456,381	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	56,005	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	246,017	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	104,542	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	367,992	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	7,134	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	116,164	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	97,981	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	52,905	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	18,556	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	51,973	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	104,331	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	238,319	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	241,758	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	400,237	0	0	0	0	73.00
74.00 RENAL DIALYSIS	8,420	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	53,818	0	0	1,475	3,535	76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	76.01
76.02 NEUROPSYCH	217	0	0	0	0	76.02
76.03 LUTHERWOOD	0	0	0	0	0	76.03
76.04 CENTER FOR WOUND CARE	0	0	0	0	0	76.04
76.97 CARDIAC REHABILITATION	24	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				16.00	17.00	
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0 90.21
90.22 HEALTHY HEARTS CENTER	0	0	0	0	0	0 90.22
90.23 FAMILY PRACTICE	0	0	0	0	0	0 90.23
90.24 PALLIATIVE CARE	0	0	0	0	0	0 90.24
90.25 INFUSION CENTERS	0	0	0	0	0	0 90.25
90.26 SPINE CENTER	13,519	0	0	0	0	0 90.26
90.27 DIABETIC CARE CENTER	0	0	0	0	0	0 90.27
91.00 EMERGENCY	400,059	0	0	58,828	140,937	0 91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0 94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0 95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0 96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0 97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0 98.00
99.00 CMHC	0	0	0	0	0	0 99.00
99.10 CORF	0	0	0	0	0	0 99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0 100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0 105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0 106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0 107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0 108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0 111.00
113.00 INTEREST EXPENSE						0 113.00
114.00 UTILIZATION REVIEW-SNF						0 114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0 115.00
116.00 HOSPICE	0	0	0	0	0	0 116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,804,461	2,812,293	321,123	133,370	319,521	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
191.00 RESEARCH	0	0	0	0	0	0 191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0 193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.00
194.01 OCCUPATIONAL HEALTH	0	0	0	0	0	0 194.01
194.02 MEDCHECKS	0	0	0	0	0	0 194.02
194.03 SCHOOL BASED CLINICS	0	0	0	0	0	0 194.03
194.04 INFINITY	0	0	0	0	0	0 194.04
194.05 POB	0	0	0	0	0	0 194.05
194.06 MEDICAL OFFICE BUILDINGS	0	0	0	0	0	0 194.06
194.07 DIAGNOSTIC TESTING FACILITY	0	0	0	0	0	0 194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.08
200.00 Cross Foot Adjustments				0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	4,804,461	2,812,293	321,123	133,370	319,521	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

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Cost Center Description		EMS	RADIOLOGY SCHOOL	PHARMACY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
19.00	NONPHYSICIAN ANESTHETISTS						19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	EMS	94,429					23.00
23.01	RADIOLOGY SCHOOL	0	55,235				23.01
23.02	PHARMACY SCHOOL	0	0	344,192			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	47,729,919	-199,766	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	5,835,687	-12,803	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	11,316,383	0	35.00
40.00	SUBPROVIDER - IPF	0	0	0	3,995,380	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	9,426,861	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	3,188,996	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	17,612,385	-35,547	50.00
51.00	RECOVERY ROOM	0	0	0	4,584,084	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	14,954,712	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	55,235	0	21,212,732	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	1,583,302	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	3,144,809	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3,585,621	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	7,889,919	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	458,832	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	4,376,003	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	4,952,303	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	2,378,183	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	844,445	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	1,749,851	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	3,104,474	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,230,254	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,640,653	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	344,192	16,830,285	0	73.00
74.00	RENAL DIALYSIS	0	0	0	570,834	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	ENDOSCOPY	0	0	0	2,271,817	-5,010	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	76.01
76.02	NEUROPSYCH	0	0	0	28,420	0	76.02
76.03	LUTHERWOOD	0	0	0	0	0	76.03
76.04	CENTER FOR WOUND CARE	0	0	0	0	0	76.04
76.97	CARDIAC REHABILITATION	0	0	0	1,506	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

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Part I
Date/Time Prepared:
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Cost Center Description	EMS	RADIOLOGY SCHOOL	PHARMACY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	23.00	23.01	23.02	24.00	25.00	
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23 FAMILY PRACTICE	0	0	0	0	0	90.23
90.24 PALLIATIVE CARE	0	0	0	0	0	90.24
90.25 INFUSION CENTERS	0	0	0	0	0	90.25
90.26 SPINE CENTER	0	0	0	2,282,099	0	90.26
90.27 DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00 EMERGENCY	94,429	0	0	11,019,459	-199,765	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	94,429	55,235	344,192	236,800,208	-452,891	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	158,188	0	190.00
191.00 RESEARCH	0	0	0	38,903	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	31,533,940	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 MEDCHECKS	0	0	0	0	0	194.02
194.03 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 INFINITY	0	0	0	0	0	194.04
194.05 POB	0	0	0	0	0	194.05
194.06 MEDICAL OFFICE BUILDINGS	0	0	0	3,652,587	0	194.06
194.07 DIAGNOSTIC TESTING FACILITY	0	0	0	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,994,432	0	194.08
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)	94,429	55,235	344,192	274,178,258	-452,891	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	EMS		23.00
23.01	RADIOLOGY SCHOOL		23.01
23.02	PHARMACY SCHOOL		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	47,530,153	30.00
31.00	INTENSIVE CARE UNIT	5,822,884	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	11,316,383	35.00
40.00	SUBPROVIDER - IPF	3,995,380	40.00
41.00	SUBPROVIDER - IRF	9,426,861	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	3,188,996	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	17,576,838	50.00
51.00	RECOVERY ROOM	4,584,084	51.00
52.00	DELIVERY ROOM & LABOR ROOM	14,954,712	52.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,212,732	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,583,302	55.00
56.00	RADIOISOTOPE	0	56.00
57.00	CT SCAN	3,144,809	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,585,621	58.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	7,889,919	60.00
60.01	BLOOD LABORATORY	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	INTRAVENOUS THERAPY	458,832	64.00
65.00	RESPIRATORY THERAPY	4,376,003	65.00
66.00	PHYSICAL THERAPY	4,952,303	66.00
67.00	OCCUPATIONAL THERAPY	2,378,183	67.00
68.00	SPEECH PATHOLOGY	844,445	68.00
69.00	ELECTROCARDIOLOGY	1,749,851	69.00
70.00	ELECTROENCEPHALOGRAPHY	3,104,474	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,230,254	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	16,640,653	72.00
73.00	DRUGS CHARGED TO PATIENTS	16,830,285	73.00
74.00	RENAL DIALYSIS	570,834	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
76.00	ENDOSCOPY	2,266,807	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	76.01
76.02	NEUROPSYCH	28,420	76.02
76.03	LUTHERWOOD	0	76.03
76.04	CENTER FOR WOUND CARE	0	76.04
76.97	CARDIAC REHABILITATION	1,506	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0	90.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0	90.21
90.22	HEALTHY HEARTS CENTER	0	90.22
90.23	FAMILY PRACTICE	0	90.23
90.24	PALLIATIVE CARE	0	90.24
90.25	INFUSION CENTERS	0	90.25
90.26	SPINE CENTER	2,282,099	90.26
90.27	DIABETIC CARE CENTER	0	90.27
91.00	EMERGENCY	10,819,694	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0	94.00
95.00	AMBULANCE SERVICES	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	CMHC	0	99.00
99.10	CORF	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	0	105.00
106.00	HEART ACQUISITION	0	106.00
107.00	LIVER ACQUISITION	0	107.00
108.00	LUNG ACQUISITION	0	108.00
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	236,347,317	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	158,188	190.00
191.00	RESEARCH	38,903	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	31,533,940	192.00
193.00	NONPAID WORKERS	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	OCCUPATIONAL HEALTH	0	194.01
194.02	MEDCHECKS	0	194.02
194.03	SCHOOL BASED CLINICS	0	194.03
194.04	INFINITY	0	194.04
194.05	POB	0	194.05
194.06	MEDICAL OFFICE BUILDINGS	3,652,587	194.06
194.07	DIAGNOSTIC TESTING FACILITY	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	1,994,432	194.08
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	273,725,367	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	EMPLOYEE BENEFITS	0	5,706	21,717	27,423	27,423	4.00
5.00	ADMINISTRATIVE & GENERAL	0	948,240	8,039,204	8,987,444	2,334	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	0	1,049,576	137,953	1,187,529	641	7.00
8.00	LAUNDRY & LINEN SERVICE	0	28,295	0	28,295	23	8.00
9.00	HOUSEKEEPING	0	51,327	18,976	70,303	528	9.00
10.00	DIETARY	0	107,146	60,887	168,033	240	10.00
11.00	CAFETERIA	0	156,373	88,859	245,232	350	11.00
13.00	NURSING ADMINISTRATION	0	47,290	1,223	48,513	90	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	105,587	105,587	0	14.00
15.00	PHARMACY	0	88,046	111,833	199,879	1,155	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	83	16.00
17.00	SOCIAL SERVICE	0	5,332	0	5,332	418	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	7,780	7,780	321	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	EMS	0	9,964	17,346	27,310	5	23.00
23.01	RADIOLOGY SCHOOL	0	0	0	0	9	23.01
23.02	PHARMACY SCHOOL	0	373	0	373	47	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	2,133,516	710,166	2,843,682	5,140	30.00
31.00	INTENSIVE CARE UNIT	0	258,094	65,984	324,078	695	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	486,482	381,513	867,995	1,303	35.00
40.00	SUBPROVIDER - 1PF	0	129,094	16,780	145,874	483	40.00
41.00	SUBPROVIDER - 1RF	0	375,520	39,306	414,826	1,122	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	159,769	60,456	220,225	325	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	375,777	618,610	994,387	1,081	50.00
51.00	RECOVERY ROOM	0	215,180	72,424	287,604	599	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	798,832	302,282	1,101,114	1,624	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	138,160	1,255,213	1,393,373	1,057	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	50,767	258,478	309,245	98	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	13,570	149,652	163,222	303	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	67,686	105,010	172,696	176	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	67,977	834	68,811	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	2,369	2,444	4,813	72	64.00
65.00	RESPIRATORY THERAPY	0	75,713	96,989	172,702	585	65.00
66.00	PHYSICAL THERAPY	0	0	26,234	26,234	752	66.00
67.00	OCCUPATIONAL THERAPY	0	0	14,022	14,022	351	67.00
68.00	SPEECH PATHOLOGY	0	0	4,976	4,976	125	68.00
69.00	ELECTROCARDIOLOGY	0	0	5,303	5,303	9	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	18,494	145,386	163,880	287	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	ENDOSCOPY	0	97,660	187,364	285,024	213	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	76.01
76.02	NEUROPSYCH	0	0	0	0	0	76.02
76.03	LUTHERWOOD	0	0	0	0	0	76.03
76.04	CENTER FOR WOUND CARE	0	0	0	0	0	76.04
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23 FAMILY PRACTICE	0	0	0	0	0	90.23
90.24 PALLIATIVE CARE	0	0	0	0	0	90.24
90.25 INFUSION CENTERS	0	0	0	0	0	90.25
90.26 SPINE CENTER	0	0	80,971	80,971	322	90.26
90.27 DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00 EMERGENCY	0	325,838	97,707	423,545	1,293	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	8,288,166	13,309,469	21,597,635	24,259	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40,628	0	40,628	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	10,361	374,509	384,870	3,026	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 MEDCHECKS	0	0	0	0	0	194.02
194.03 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 INFINITY	0	0	0	0	0	194.04
194.05 POB	0	0	0	0	0	194.05
194.06 MEDICAL OFFICE BUILDINGS	0	0	309,173	309,173	0	194.06
194.07 DIAGNOSTIC TESTING FACILITY	0	0	0	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	0	1,423	1,272	2,695	138	194.08
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	8,340,578	13,994,423	22,335,001	27,423	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 8:26 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	8,989,778					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	407,238	0	1,595,408			7.00
8.00	LAUNDRY & LINEN SERVICE	37,043	0	7,123	72,484		8.00
9.00	HOUSEKEEPING	132,241	0	12,922	0	215,994	9.00
10.00	DIETARY	63,094	0	26,975	0	3,698	10.00
11.00	CAFETERIA	92,096	0	39,368	0	5,398	11.00
13.00	NURSING ADMINISTRATION	80,449	0	11,906	0	1,632	13.00
14.00	CENTRAL SERVICES & SUPPLY	65,511	0	0	0	0	14.00
15.00	PHARMACY	212,656	0	22,166	0	3,039	15.00
16.00	MEDICAL RECORDS & LIBRARY	157,126	0	0	0	0	16.00
17.00	SOCIAL SERVICE	89,739	0	1,342	0	184	17.00
19.00	NONPHYSICIAN ANESTHETISTS	9,565	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	4,172	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,476	0	0	0	0	22.00
23.00	EMS	2,007	0	2,509	0	344	23.00
23.01	RADIOLOGY SCHOOL	1,578	0	0	0	0	23.01
23.02	PHARMACY SCHOOL	10,553	0	94	0	13	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,170,882	0	537,135	33,206	73,648	30.00
31.00	INTENSIVE CARE UNIT	148,773	0	64,977	3,459	8,909	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	292,373	0	122,476	1,557	16,792	35.00
40.00	SUBPROVIDER - I PF	100,316	0	32,500	802	4,456	40.00
41.00	SUBPROVIDER - I RF	229,822	0	94,540	3,812	12,962	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	75,839	0	40,223	2,029	5,515	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	465,544	0	94,605	2,607	12,971	50.00
51.00	RECOVERY ROOM	124,377	0	54,173	0	7,428	51.00
52.00	DELIVERY ROOM & LABOR ROOM	397,614	0	201,113	10,146	27,574	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	660,348	0	34,783	1,106	4,769	54.00
55.00	RADIOLOGY-THERAPEUTIC	43,129	0	12,781	725	1,752	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	91,903	0	3,416	0	468	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	107,143	0	17,040	0	2,336	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	238,534	0	17,114	0	2,346	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	14,046	0	596	0	82	64.00
65.00	RESPIRATORY THERAPY	129,539	0	19,061	0	2,613	65.00
66.00	PHYSICAL THERAPY	155,174	0	0	909	0	66.00
67.00	OCCUPATIONAL THERAPY	73,980	0	0	486	0	67.00
68.00	SPEECH PATHOLOGY	26,251	0	0	172	0	68.00
69.00	ELECTROCARDIOLOGY	55,568	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	95,056	0	4,656	0	638	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	425,976	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	537,682	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	293,627	0	0	0	0	73.00
74.00	RENAL DIALYSIS	18,408	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	ENDOSCOPY	61,288	0	24,587	1,551	3,371	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	76.01
76.02	NEUROPSYCH	925	0	0	0	0	76.02
76.03	LUTHERWOOD	0	0	0	0	0	76.03
76.04	CENTER FOR WOUND CARE	0	0	0	0	0	76.04
76.97	CARDIAC REHABILITATION	49	0	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23 FAMILY PRACTICE	0	0	0	0	0	90.23
90.24 PALLIATIVE CARE	0	0	0	0	0	90.24
90.25 INFUSION CENTERS	0	0	0	0	0	90.25
90.26 SPINE CENTER	72,505	0	0	262	0	90.26
90.27 DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00 EMERGENCY	287,437	0	82,033	9,655	11,247	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,769,652	0	1,582,214	72,484	214,185	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,696	0	10,228	0	1,402	190.00
191.00 RESEARCH	1,276	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,032,897	0	2,608	0	358	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 MEDCHECKS	0	0	0	0	0	194.02
194.03 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 INFINITY	0	0	0	0	0	194.04
194.05 POB	0	0	0	0	0	194.05
194.06 MEDICAL OFFICE BUILDINGS	119,757	0	0	0	0	194.06
194.07 DIAGNOSTIC TESTING FACILITY	0	0	0	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	64,500	0	358	0	49	194.08
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)	8,989,778	0	1,595,408	72,484	215,994	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 8:26 am	
Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
	10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS							
1.00							1.00
2.00							2.00
4.00							4.00
5.00							5.00
6.00							6.00
7.00							7.00
8.00							8.00
9.00							9.00
10.00	262,040						10.00
11.00	0	382,444					11.00
13.00	0	3,995	146,585				13.00
14.00	0	0	0	171,098			14.00
15.00	0	12,712	0	31,488	483,095		15.00
16.00	0	1,453	0	0	0	0	16.00
17.00	0	7,264	0	19	0	0	17.00
19.00	0	2,542	0	685	0	0	19.00
21.00	0	726	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	363	228	0	0	0	23.00
23.01	0	363	228	0	0	0	23.01
23.02	0	1,090	684	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	183,702	104,964	65,884	7,337	98		30.00
31.00	13,363	12,712	7,979	1,357	7		31.00
35.00	0	23,608	14,818	1,397	78		35.00
40.00	20,012	9,806	6,155	344	0		40.00
41.00	44,963	26,150	16,414	675	0		41.00
42.00	0	0	0	0	0		42.00
43.00	0	6,901	4,331	782	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	0	21,428	13,450	97,039	279		50.00
51.00	0	10,896	0	929	0		51.00
52.00	0	35,956	0	3,910	0		52.00
53.00	0	0	0	0	0		53.00
54.00	0	12,712	0	3,412	2,287		54.00
55.00	0	1,816	0	4,384	36		55.00
56.00	0	0	0	0	0		56.00
57.00	0	5,811	0	973	0		57.00
58.00	0	3,269	0	720	0		58.00
59.00	0	0	0	0	0		59.00
60.00	0	0	0	5,883	0		60.00
60.01	0	0	0	0	0		60.01
61.00	0	0	0	0	0		61.00
62.00	0	0	0	0	0		62.00
63.00	0	0	0	0	0		63.00
64.00	0	1,090	0	678	0		64.00
65.00	0	11,259	0	1,330	21		65.00
66.00	0	11,985	0	467	30		66.00
67.00	0	6,901	0	249	0		67.00
68.00	0	2,542	0	88	0		68.00
69.00	0	363	0	2	0		69.00
70.00	0	5,085	0	786	39		70.00
71.00	0	0	0	0	0		71.00
72.00	0	0	0	0	0		72.00
73.00	0	0	0	0	479,013		73.00
74.00	0	0	0	85	0		74.00
75.00	0	0	0	0	0		75.00
76.00	0	3,995	0	2,412	45		76.00
76.01	0	0	0	0	0		76.01
76.02	0	0	0	0	0		76.02
76.03	0	0	0	0	0		76.03
76.04	0	0	0	0	0		76.04
76.97	0	0	0	0	0		76.97
76.98	0	0	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	0	0	0	0	0		88.00
89.00	0	0	0	0	0		89.00
90.00	0	0	0	0	0		90.00
90.01	0	0	0	0	0		90.01
90.02	0	0	0	0	0		90.02
90.03	0	0	0	0	0		90.03
90.04	0	0	0	0	0		90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23 FAMILY PRACTICE	0	0	0	0	0	90.23
90.24 PALLIATIVE CARE	0	0	0	0	0	90.24
90.25 INFUSION CENTERS	0	0	0	0	0	90.25
90.26 SPINE CENTER	0	3,995	0	186	1,153	90.26
90.27 DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00 EMERGENCY	0	26,150	16,414	2,930	9	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	262,040	379,902	146,585	170,547	483,095	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	362	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 MEDCHECKS	0	0	0	0	0	194.02
194.03 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 INFINITY	0	0	0	0	0	194.04
194.05 POB	0	0	0	0	0	194.05
194.06 MEDICAL OFFICE BUILDINGS	0	0	0	8	0	194.06
194.07 DIAGNOSTIC TESTING FACILITY	0	0	0	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	0	2,542	0	181	0	194.08
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)	262,040	382,444	146,585	171,098	483,095	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

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Cost Center Description	INTERNS & RESIDENTS					
	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	16.00	17.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	158,662					16.00
17.00 SOCIAL SERVICE	0	104,298				17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	20,893			19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	4,898		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	10,476	22.00
23.00 EMS	0	0	0	0	0	23.00
23.01 RADIOLOGY SCHOOL	0	0	0	0	0	23.01
23.02 PHARMACY SCHOOL	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	13,696	58,756				30.00
31.00 INTENSIVE CARE UNIT	1,977	4,274				31.00
35.00 NEONATAL INTENSIVE CARE UNIT	10,030	11,709				35.00
40.00 SUBPROVIDER - IPF	1,562	6,401				40.00
41.00 SUBPROVIDER - IRF	2,797	14,381				41.00
42.00 SUBPROVIDER	0	0				42.00
43.00 NURSERY	1,425	8,777				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	15,288	0				50.00
51.00 RECOVERY ROOM	4,111	0				51.00
52.00 DELIVERY ROOM & LABOR ROOM	7,288	0				52.00
53.00 ANESTHESIOLOGY	0	0				53.00
54.00 RADIOLOGY-DIAGNOSTIC	15,104	0				54.00
55.00 RADIOLOGY-THERAPEUTIC	1,853	0				55.00
56.00 RADIOISOTOPE	0	0				56.00
57.00 CT SCAN	8,142	0				57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	3,460	0				58.00
59.00 CARDIAC CATHETERIZATION	0	0				59.00
60.00 LABORATORY	12,179	0				60.00
60.01 BLOOD LABORATORY	0	0				60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0				61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
64.00 INTRAVENOUS THERAPY	236	0				64.00
65.00 RESPIRATORY THERAPY	3,844	0				65.00
66.00 PHYSICAL THERAPY	3,243	0				66.00
67.00 OCCUPATIONAL THERAPY	1,751	0				67.00
68.00 SPEECH PATHOLOGY	614	0				68.00
69.00 ELECTROCARDIOLOGY	1,720	0				69.00
70.00 ELECTROENCEPHALOGRAPHY	3,453	0				70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,887	0				71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	8,001	0				72.00
73.00 DRUGS CHARGED TO PATIENTS	13,246	0				73.00
74.00 RENAL DIALYSIS	279	0				74.00
75.00 ASC (NON-DISTINCT PART)	0	0				75.00
76.00 ENDOSCOPY	1,781	0				76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0				76.01
76.02 NEUROPSYCH	7	0				76.02
76.03 LUTHERWOOD	0	0				76.03
76.04 CENTER FOR WOUND CARE	0	0				76.04
76.97 CARDIAC REHABILITATION	1	0				76.97
76.98 HYPERBARI C OXYGEN THERAPY	0	0				76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00 CLINIC	0	0				90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0				90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0				90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				16.00	17.00	
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.21
90.22 HEALTHY HEARTS CENTER	0	0	0			90.22
90.23 FAMILY PRACTICE	0	0	0			90.23
90.24 PALLIATIVE CARE	0	0	0			90.24
90.25 INFUSION CENTERS	0	0	0			90.25
90.26 SPINE CENTER	447	0	0			90.26
90.27 DIABETIC CARE CENTER	0	0	0			90.27
91.00 EMERGENCY	13,240	0	0			91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00 AMBULANCE SERVICES	0	0	0			95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
99.00 CMHC	0	0	0			99.00
99.10 CORF	0	0	0			99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00 HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0			105.00
106.00 HEART ACQUISITION	0	0	0			106.00
107.00 LIVER ACQUISITION	0	0	0			107.00
108.00 LUNG ACQUISITION	0	0	0			108.00
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	0	0			116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	158,662	104,298	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00 RESEARCH	0	0	0			191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
193.00 NONPAID WORKERS	0	0	0			193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.00
194.01 OCCUPATIONAL HEALTH	0	0	0			194.01
194.02 MEDCHECKS	0	0	0			194.02
194.03 SCHOOL BASED CLINICS	0	0	0			194.03
194.04 INFINITY	0	0	0			194.04
194.05 POB	0	0	0			194.05
194.06 MEDICAL OFFICE BUILDINGS	0	0	0			194.06
194.07 DIAGNOSTIC TESTING FACILITY	0	0	0			194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.08
200.00 Cross Foot Adjustments			20,893	4,898	10,476	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	158,662	104,298	20,893	4,898	10,476	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 8:26 am	
Cost Center Description	EMS	RADIOLOGY SCHOOL	PHARMACY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	23.00	23.01	23.02	24.00	25.00		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
19.00	NONPHYSICIAN ANESTHETISTS						19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	EMS	32,766					23.00
23.01	RADIOLOGY SCHOOL		2,178				23.01
23.02	PHARMACY SCHOOL			12,854			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS			5,098,130	0		30.00
31.00	INTENSIVE CARE UNIT			592,560	0		31.00
35.00	NEONATAL INTENSIVE CARE UNIT			1,364,136	0		35.00
40.00	SUBPROVIDER - I PF			328,711	0		40.00
41.00	SUBPROVIDER - I RF			862,464	0		41.00
42.00	SUBPROVIDER			0	0		42.00
43.00	NURSERY			366,372	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM			1,718,679	0		50.00
51.00	RECOVERY ROOM			490,117	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM			1,786,339	0		52.00
53.00	ANESTHESIOLOGY			0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC			2,128,951	0		54.00
55.00	RADIOLOGY-THERAPEUTIC			375,819	0		55.00
56.00	RADIOISOTOPE			0	0		56.00
57.00	CT SCAN			274,238	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)			306,840	0		58.00
59.00	CARDIAC CATHETERIZATION			0	0		59.00
60.00	LABORATORY			344,867	0		60.00
60.01	BLOOD LABORATORY			0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS			0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.			0	0		63.00
64.00	INTRAVENOUS THERAPY			21,613	0		64.00
65.00	RESPIRATORY THERAPY			340,954	0		65.00
66.00	PHYSICAL THERAPY			198,794	0		66.00
67.00	OCCUPATIONAL THERAPY			97,740	0		67.00
68.00	SPEECH PATHOLOGY			34,768	0		68.00
69.00	ELECTROCARDIOLOGY			62,965	0		69.00
70.00	ELECTROENCEPHALOGRAPHY			273,880	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS			433,863	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS			545,683	0		72.00
73.00	DRUGS CHARGED TO PATIENTS			785,886	0		73.00
74.00	RENAL DIALYSIS			18,772	0		74.00
75.00	ASC (NON-DISTINCT PART)			0	0		75.00
76.00	ENDOSCOPY			384,267	0		76.00
76.01	GALLAHUE MENTAL HEALTH CENTER			0	0		76.01
76.02	NEUROPSYCH			932	0		76.02
76.03	LUTHERWOOD			0	0		76.03
76.04	CENTER FOR WOUND CARE			0	0		76.04
76.97	CARDIAC REHABILITATION			50	0		76.97
76.98	HYPERBARIC OXYGEN THERAPY			0	0		76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC			0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			0	0		89.00
90.00	CLINIC			0	0		90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER			0	0		90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER			0	0		90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

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Cost Center Description	EMS	RADIOLOGY SCHOOL	PHARMACY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	23.00	23.01	23.02	24.00	25.00	
90.03 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER				0	0	90.21
90.22 HEALTHY HEARTS CENTER				0	0	90.22
90.23 FAMILY PRACTICE				0	0	90.23
90.24 PALLIATIVE CARE				0	0	90.24
90.25 INFUSION CENTERS				0	0	90.25
90.26 SPINE CENTER				159,841	0	90.26
90.27 DIABETIC CARE CENTER				0	0	90.27
91.00 EMERGENCY				873,953	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS				0	0	94.00
95.00 AMBULANCE SERVICES				0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED				0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD				0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS				0	0	98.00
99.00 CMHC				0	0	99.00
99.10 CORF				0	0	99.10
100.00 I & R SERVICES-NOT APPRVD PRGM				0	0	100.00
101.00 HOME HEALTH AGENCY				0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION				0	0	105.00
106.00 HEART ACQUISITION				0	0	106.00
107.00 LIVER ACQUISITION				0	0	107.00
108.00 LUNG ACQUISITION				0	0	108.00
109.00 PANCREAS ACQUISITION				0	0	109.00
110.00 INTESTINAL ACQUISITION				0	0	110.00
111.00 ISLET ACQUISITION				0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)				0	0	115.00
116.00 HOSPICE				0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	20,272,184	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN				53,954	0	190.00
191.00 RESEARCH				1,276	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES				1,424,121	0	192.00
193.00 NONPAID WORKERS				0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS				0	0	194.00
194.01 OCCUPATIONAL HEALTH				0	0	194.01
194.02 MEDCHECKS				0	0	194.02
194.03 SCHOOL BASED CLINICS				0	0	194.03
194.04 INFINITY				0	0	194.04
194.05 POB				0	0	194.05
194.06 MEDICAL OFFICE BUILDINGS				428,938	0	194.06
194.07 DIAGNOSTIC TESTING FACILITY				0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS				70,463	0	194.08
200.00 Cross Foot Adjustments	32,766	2,178	12,854	84,065	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	32,766	2,178	12,854	22,335,001	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

Period:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	EMS		23.00
23.01	RADIOLOGY SCHOOL		23.01
23.02	PHARMACY SCHOOL		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	5,098,130	30.00
31.00	INTENSIVE CARE UNIT	592,560	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,364,136	35.00
40.00	SUBPROVIDER - IPF	328,711	40.00
41.00	SUBPROVIDER - IRF	862,464	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	366,372	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	1,718,679	50.00
51.00	RECOVERY ROOM	490,117	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,786,339	52.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,128,951	54.00
55.00	RADIOLOGY-THERAPEUTIC	375,819	55.00
56.00	RADIOISOTOPE	0	56.00
57.00	CT SCAN	274,238	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	306,840	58.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	344,867	60.00
60.01	BLOOD LABORATORY	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	INTRAVENOUS THERAPY	21,613	64.00
65.00	RESPIRATORY THERAPY	340,954	65.00
66.00	PHYSICAL THERAPY	198,794	66.00
67.00	OCCUPATIONAL THERAPY	97,740	67.00
68.00	SPEECH PATHOLOGY	34,768	68.00
69.00	ELECTROCARDIOLOGY	62,965	69.00
70.00	ELECTROENCEPHALOGRAPHY	273,880	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	433,863	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	545,683	72.00
73.00	DRUGS CHARGED TO PATIENTS	785,886	73.00
74.00	RENAL DIALYSIS	18,772	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
76.00	ENDOSCOPY	384,267	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	76.01
76.02	NEUROPSYCH	932	76.02
76.03	LUTHERWOOD	0	76.03
76.04	CENTER FOR WOUND CARE	0	76.04
76.97	CARDIAC REHABILITATION	50	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0	90.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

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Cost Center Description		Total	
		26.00	
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0	90.21
90.22	HEALTHY HEARTS CENTER	0	90.22
90.23	FAMILY PRACTICE	0	90.23
90.24	PALLIATIVE CARE	0	90.24
90.25	INFUSION CENTERS	0	90.25
90.26	SPINE CENTER	159,841	90.26
90.27	DIABETIC CARE CENTER	0	90.27
91.00	EMERGENCY	873,953	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0	94.00
95.00	AMBULANCE SERVICES	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	CMHC	0	99.00
99.10	CORF	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	0	105.00
106.00	HEART ACQUISITION	0	106.00
107.00	LIVER ACQUISITION	0	107.00
108.00	LUNG ACQUISITION	0	108.00
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	20,272,184	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,954	190.00
191.00	RESEARCH	1,276	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,424,121	192.00
193.00	NONPAID WORKERS	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	OCCUPATIONAL HEALTH	0	194.01
194.02	MEDCHECKS	0	194.02
194.03	SCHOOL BASED CLINICS	0	194.03
194.04	INFINITY	0	194.04
194.05	POB	0	194.05
194.06	MEDICAL OFFICE BUILDINGS	428,938	194.06
194.07	DIAGNOSTIC TESTING FACILITY	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	70,463	194.08
200.00	Cross Foot Adjustments	84,065	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	22,335,001	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	714,830				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		18,160,454			2.00
4.00	EMPLOYEE BENEFITS	489	28,182	95,043,212		4.00
5.00	ADMINISTRATIVE & GENERAL	81,269	10,432,414	8,075,961	-58,794,686	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	OPERATION OF PLANT	89,954	179,021	2,217,853	0	7.00
8.00	LAUNDRY & LINEN SERVICE	2,425	0	80,061	0	8.00
9.00	HOUSEKEEPING	4,399	24,625	1,827,605	0	9.00
10.00	DIETARY	9,183	79,013	829,803	0	10.00
11.00	CAFETERIA	13,402	115,312	1,211,033	0	11.00
13.00	NURSING ADMINISTRATION	4,053	1,587	312,936	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	137,020	0	0	14.00
15.00	PHARMACY	7,546	145,125	3,996,371	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	288,156	0	16.00
17.00	SOCIAL SERVICE	457	0	1,445,939	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	10,096	1,110,280	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	EMS	854	22,510	16,275	0	23.00
23.01	RADIOLOGY SCHOOL	0	0	29,626	0	23.01
23.02	PHARMACY SCHOOL	32	0	163,376	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	182,853	921,577	17,942,636	0	30.00
31.00	INTENSIVE CARE UNIT	22,120	85,627	2,403,905	0	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	41,694	495,086	4,509,794	0	35.00
40.00	SUBPROVIDER - 1PF	11,064	21,775	1,670,858	0	40.00
41.00	SUBPROVIDER - 1RF	32,184	51,007	3,881,428	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	13,693	78,453	1,123,570	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	32,206	802,765	3,741,529	0	50.00
51.00	RECOVERY ROOM	18,442	93,984	2,073,921	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	68,464	392,269	5,617,849	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	11,841	1,628,879	3,655,860	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	4,351	335,425	337,533	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	56.00
57.00	CT SCAN	1,163	194,202	1,048,022	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,801	136,271	609,023	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	5,826	1,082	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	203	3,171	247,728	0	64.00
65.00	RESPIRATORY THERAPY	6,489	125,862	2,025,830	0	65.00
66.00	PHYSICAL THERAPY	0	34,044	2,603,084	0	66.00
67.00	OCCUPATIONAL THERAPY	0	18,196	1,216,022	0	67.00
68.00	SPEECH PATHOLOGY	0	6,457	431,492	0	68.00
69.00	ELECTROCARDIOLOGY	0	6,882	29,558	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,585	188,666	992,458	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	ENDOSCOPY	8,370	243,141	738,255	0	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	76.01
76.02	NEUROPSYCH	0	0	0	0	76.02
76.03	LUTHERWOOD	0	0	0	0	76.03
76.04	CENTER FOR WOUND CARE	0	0	0	0	76.04
76.97	CARDIAC REHABILITATION	0	0	928	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	0	0	0	0	90.22
90.23 FAMILY PRACTICE	0	0	0	0	0	0	90.23
90.24 PALLIATIVE CARE	0	0	0	0	0	0	90.24
90.25 INFUSION CENTERS	0	0	0	0	0	0	90.25
90.26 SPINE CENTER	0	105,075	1,112,989	0	0	1,737,143	90.26
90.27 DIABETIC CARE CENTER	0	0	0	0	0	0	90.27
91.00 EMERGENCY	27,926	126,794	4,475,485	0	0	6,886,702	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE							113.00
114.00 UTILIZATION REVIEW-SNF							114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	710,338	17,271,595	84,095,032	-58,794,686	186,150,631		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,482	0	0	0	0	40,628	190.00
191.00 RESEARCH	0	0	0	0	0	30,561	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	888	485,997	10,472,225	0	0	24,747,153	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	0	0	0	0	194.01
194.02 MEDCHECKS	0	0	0	0	0	0	194.02
194.03 SCHOOL BASED CLINICS	0	0	0	0	0	0	194.03
194.04 INFINITY	0	0	0	0	0	0	194.04
194.05 POB	0	0	0	0	0	0	194.05
194.06 MEDICAL OFFICE BUILDINGS	0	401,211	0	0	0	2,869,254	194.06
194.07 DIAGNOSTIC TESTING FACILITY	0	0	0	0	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	122	1,651	475,955	0	0	1,545,345	194.08
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)	8,340,578	13,994,423	18,951,832			58,794,686	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.667918	0.770599	0.199402			0.272977	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			27,423			8,989,778	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000289	5A	0.041738	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS	633,072					6.00
7.00 OPERATION OF PLANT	89,954	543,118				7.00
8.00 LAUNDRY & LINEN SERVICE	2,425	2,425	254,296			8.00
9.00 HOUSEKEEPING	4,399	4,399	0	536,294		9.00
10.00 DIETARY	9,183	9,183	0	9,183	277,278	10.00
11.00 CAFETERIA	13,402	13,402	0	13,402	0	11.00
13.00 NURSING ADMINISTRATION	4,053	4,053	0	4,053	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 PHARMACY	7,546	7,546	0	7,546	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 SOCIAL SERVICE	457	457	0	457	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 EMS	854	854	0	854	0	23.00
23.01 RADIOLOGY SCHOOL	0	0	0	0	0	23.01
23.02 PHARMACY SCHOOL	32	32	0	32	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	182,853	182,853	116,492	182,853	194,384	30.00
31.00 INTENSIVE CARE UNIT	22,120	22,120	12,135	22,120	14,140	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	41,694	41,694	5,463	41,694	0	35.00
40.00 SUBPROVIDER - IPF	11,064	11,064	2,814	11,064	21,176	40.00
41.00 SUBPROVIDER - IRF	32,184	32,184	13,375	32,184	47,578	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	13,693	13,693	7,119	13,693	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	32,206	32,206	9,147	32,206	0	50.00
51.00 RECOVERY ROOM	18,442	18,442	0	18,442	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	68,464	68,464	35,596	68,464	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,841	11,841	3,880	11,841	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	4,351	4,351	2,544	4,351	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	1,163	1,163	0	1,163	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	5,801	5,801	0	5,801	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	5,826	5,826	0	5,826	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	203	203	0	203	0	64.00
65.00 RESPIRATORY THERAPY	6,489	6,489	0	6,489	0	65.00
66.00 PHYSICAL THERAPY	0	0	3,189	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	1,705	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	605	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,585	1,585	0	1,585	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	8,370	8,370	5,441	8,370	0	76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	76.01
76.02 NEUROPSYCH	0	0	0	0	0	76.02
76.03 LUTHERWOOD	0	0	0	0	0	76.03
76.04 CENTER FOR WOUND CARE	0	0	0	0	0	76.04
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23	FAMILY PRACTICE	0	0	0	0	0	90.23
90.24	PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	INFUSION CENTERS	0	0	0	0	0	90.25
90.26	SPINE CENTER	0	0	918	0	0	90.26
90.27	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	EMERGENCY	27,926	27,926	33,873	27,926	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	628,580	538,626	254,296	531,802	277,278	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,482	3,482	0	3,482	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	888	888	0	888	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	MEDCHECKS	0	0	0	0	0	194.02
194.03	SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	INFINITY	0	0	0	0	0	194.04
194.05	POB	0	0	0	0	0	194.05
194.06	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.06
194.07	DIAGNOSTIC TESTING FACILITY	0	0	0	0	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	122	122	0	122	0	194.08
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	12,420,443	1,185,246	4,133,857	2,205,122	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	22.868774	4.660891	7.708192	7.952748	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,595,408	72,484	215,994	262,040	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	2.937498	0.285038	0.402753	0.945044	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	1,053					11.00
13.00	NURSING ADMINISTRATION	11	643				13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	38,574,466			14.00
15.00	PHARMACY	35	0	7,098,258	7,034,872		15.00
16.00	MEDICAL RECORDS & LIBRARY	4	0	0	0	764,444,322	16.00
17.00	SOCIAL SERVICE	20	0	4,384	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	7	0	154,361	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	2	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	EMS	1	1	0	0	0	23.00
23.01	RADIOLOGY SCHOOL	1	1	0	0	0	23.01
23.02	PHARMACY SCHOOL	3	3	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	289	289	1,654,062	1,424	65,847,156	30.00
31.00	INTENSIVE CARE UNIT	35	35	305,802	99	9,506,297	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	65	65	314,917	1,135	48,220,564	35.00
40.00	SUBPROVIDER - IPF	27	27	77,522	0	7,510,308	40.00
41.00	SUBPROVIDER - IRF	72	72	152,129	0	13,448,037	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	19	19	176,263	0	6,852,354	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	59	59	21,879,148	4,067	75,143,963	50.00
51.00	RECOVERY ROOM	30	0	209,321	0	19,766,678	51.00
52.00	DELIVERY ROOM & LABOR ROOM	99	0	881,314	0	35,038,174	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	35	0	769,073	33,301	72,614,294	54.00
55.00	RADIOLOGY-THERAPEUTIC	5	0	988,217	530	8,910,845	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	16	0	219,260	0	39,143,509	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	9	0	162,357	0	16,633,510	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	1,326,217	0	58,550,879	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	3	0	152,799	0	1,135,038	64.00
65.00	RESPIRATORY THERAPY	31	0	299,925	300	18,482,676	65.00
66.00	PHYSICAL THERAPY	33	0	105,302	440	15,589,736	66.00
67.00	OCCUPATIONAL THERAPY	19	0	56,217	0	8,417,628	67.00
68.00	SPEECH PATHOLOGY	7	0	19,948	0	2,952,449	68.00
69.00	ELECTROCARDIOLOGY	1	0	524	0	8,269,390	69.00
70.00	ELECTROENCEPHALOGRAPHY	14	0	177,297	565	16,599,963	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	37,918,759	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	38,465,896	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	6,975,434	63,681,272	73.00
74.00	RENAL DIALYSIS	0	0	19,099	0	1,339,732	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	ENDOSCOPY	11	0	543,807	655	8,562,862	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	76.01
76.02	NEUROPSYCH	0	0	0	0	34,560	76.02
76.03	LUTHERWOOD	0	0	0	0	0	76.03
76.04	CENTER FOR WOUND CARE	0	0	0	0	0	76.04
76.97	CARDIAC REHABILITATION	0	0	0	0	3,744	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description	CAFETERIA (FTES)	NURSING ADMINISTRATIVE (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
	11.00	13.00	14.00	15.00	16.00	
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23 FAMILY PRACTICE	0	0	0	0	0	90.23
90.24 PALLIATIVE CARE	0	0	0	0	0	90.24
90.25 INFUSION CENTERS	0	0	0	0	0	90.25
90.26 SPINE CENTER	11	0	42,007	16,786	2,151,043	90.26
90.27 DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00 EMERGENCY	72	72	660,595	136	63,653,006	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,046	643	38,450,125	7,034,872	764,444,322	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	81,691	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 MEDCHECKS	0	0	0	0	0	194.02
194.03 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 INFINITY	0	0	0	0	0	194.04
194.05 POB	0	0	0	0	0	194.05
194.06 MEDICAL OFFICE BUILDINGS	0	0	1,803	0	0	194.06
194.07 DIAGNOSTIC TESTING FACILITY	0	0	0	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	7	0	40,847	0	0	194.08
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)	3,218,663	2,611,175	1,998,038	7,191,223	4,804,461	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	3,056.660019	4,060.925350	0.051797	1.022225	0.006285	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	382,444	146,585	171,098	483,095	158,662	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	363.194682	227.970451	0.004436	0.068671	0.000208	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		EMS (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			17.00	19.00		
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	86,948					17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	100				19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0		5,695			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0			5,695		22.00
23.00 EMS	0				100	23.00
23.01 RADIOLOGY SCHOOL	0				0	23.01
23.02 PHARMACY SCHOOL	0				0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	48,982		2,512	2,512	0	30.00
31.00 INTENSIVE CARE UNIT	3,563		161	161	0	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	9,761		0	0	0	35.00
40.00 SUBPROVIDER - 1PF	5,336		0	0	0	40.00
41.00 SUBPROVIDER - 1RF	11,989		0	0	0	41.00
42.00 SUBPROVIDER	0		0	0	0	42.00
43.00 NURSERY	7,317		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	100	447	447	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	0	0	63	63	0	76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	76.01
76.02 NEUROPSYCH	0	0	0	0	0	76.02
76.03 LUTHERWOOD	0	0	0	0	0	76.03
76.04 CENTER FOR WOUND CARE	0	0	0	0	0	76.04
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

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To 12/31/2011

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		EMS (ASSIGNED TIME)		
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			17.00	19.00			21.00
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	0	0	0	0	90.22
90.23 FAMILY PRACTICE	0	0	0	0	0	0	90.23
90.24 PALLIATIVE CARE	0	0	0	0	0	0	90.24
90.25 INFUSION CENTERS	0	0	0	0	0	0	90.25
90.26 SPINE CENTER	0	0	0	0	0	0	90.26
90.27 DIABETIC CARE CENTER	0	0	0	0	0	0	90.27
91.00 EMERGENCY	0	0	2,512	2,512	100	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE							113.00
114.00 UTILIZATION REVIEW-SNF							114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	86,948	100	5,695	5,695	100	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	0	0	0	0	194.01
194.02 MEDCHECKS	0	0	0	0	0	0	194.02
194.03 SCHOOL BASED CLINICS	0	0	0	0	0	0	194.03
194.04 INFINITY	0	0	0	0	0	0	194.04
194.05 POB	0	0	0	0	0	0	194.05
194.06 MEDICAL OFFICE BUILDINGS	0	0	0	0	0	0	194.06
194.07 DIAGNOSTIC TESTING FACILITY	0	0	0	0	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.08
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)	2,812,293	321,123	133,370	319,521	94,429	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	32.344539	3,211.230000	23.418788	56.105531	944.290000	0	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	104,298	20,893	4,898	10,476	32,766	0	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		EMS (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			17.00	19.00		
205.00 Unit cost multiplier (Wkst. B, Part II)	1.199545	208.930000	0.860053	1.839508	327.660000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description	RADIOLOGY SCHOOL (ASSIGNED TIME)	PHARMACY SCHOOL (ASSIGNED TIME)	
	23.01	23.02	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT			1.00
2.00 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.00 ADMINISTRATIVE & GENERAL			5.00
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
13.00 NURSING ADMINISTRATION			13.00
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
19.00 NONPHYSICIAN ANESTHETISTS			19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00 EMS			23.00
23.01 RADIOLOGY SCHOOL	100		23.01
23.02 PHARMACY SCHOOL	0	100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0	35.00
40.00 SUBPROVIDER - 1PF	0	0	40.00
41.00 SUBPROVIDER - 1RF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
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
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	100	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
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
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	100	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 ENDOSCOPY	0	0	76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	76.01
76.02 NEUROPSYCH	0	0	76.02
76.03 LUTHERWOOD	0	0	76.03
76.04 CENTER FOR WOUND CARE	0	0	76.04
76.97 CARDIAC REHABILITATION	0	0	76.97
76.98 HYPERBARI C OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	RADIOLOGY SCHOOL (ASSIGNED TIME)	PHARMACY SCHOOL (ASSIGNED TIME)	
	23.01	23.02	
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	90.22
90.23 FAMILY PRACTICE	0	0	90.23
90.24 PALLIATIVE CARE	0	0	90.24
90.25 INFUSION CENTERS	0	0	90.25
90.26 SPINE CENTER	0	0	90.26
90.27 DIABETIC CARE CENTER	0	0	90.27
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00 CMHC	0	0	99.00
99.10 CORF	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00 KIDNEY ACQUISITION	0	0	105.00
106.00 HEART ACQUISITION	0	0	106.00
107.00 LIVER ACQUISITION	0	0	107.00
108.00 LUNG ACQUISITION	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	110.00
111.00 ISLET ACQUISITION	0	0	111.00
113.00 INTEREST EXPENSE	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00 HOSPICE	0	0	116.00
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
191.00 RESEARCH	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00 NONPAID WORKERS	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	194.01
194.02 MEDCHECKS	0	0	194.02
194.03 SCHOOL BASED CLINICS	0	0	194.03
194.04 INFINITY	0	0	194.04
194.05 POB	0	0	194.05
194.06 MEDICAL OFFICE BUILDINGS	0	0	194.06
194.07 DIAGNOSTIC TESTING FACILITY	0	0	194.07
194.08 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.08
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)	55,235	344,192	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	552.350000	3,441.920000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	2,178	12,854	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	21.780000	128.540000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150169

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:26 am

		Title XVIIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		47,530,153	0	47,530,153	30.00	
31.00	INTENSIVE CARE UNIT		5,822,884	0	5,822,884	31.00	
35.00	NEONATAL INTENSIVE CARE UNIT		11,316,383	51,205	11,367,588	35.00	
40.00	SUBPROVIDER - 1PF		3,995,380	4,611	3,999,991	40.00	
41.00	SUBPROVIDER - 1RF		9,426,861	0	9,426,861	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		3,188,996	0	3,188,996	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		17,576,838	0	17,576,838	50.00	
51.00	RECOVERY ROOM		4,584,084	0	4,584,084	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		14,954,712	0	14,954,712	52.00	
53.00	ANESTHESIOLOGY		0	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		21,212,732	0	21,212,732	54.00	
55.00	RADIOLOGY-THERAPEUTIC		1,583,302	0	1,583,302	55.00	
56.00	RADIOISOTOPE		0	0	0	56.00	
57.00	CT SCAN		3,144,809	0	3,144,809	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		3,585,621	0	3,585,621	58.00	
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	LABORATORY		7,889,919	17,154	7,907,073	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00	
64.00	INTRAVENOUS THERAPY		458,832	0	458,832	64.00	
65.00	RESPIRATORY THERAPY	0	4,376,003	0	4,376,003	65.00	
66.00	PHYSICAL THERAPY	0	4,952,303	0	4,952,303	66.00	
67.00	OCCUPATIONAL THERAPY	0	2,378,183	0	2,378,183	67.00	
68.00	SPEECH PATHOLOGY	0	844,445	0	844,445	68.00	
69.00	ELECTROCARDIOLOGY		1,749,851	0	1,749,851	69.00	
70.00	ELECTROENCEPHALOGRAPHY		3,104,474	1,540	3,106,014	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		13,230,254	0	13,230,254	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS		16,640,653	0	16,640,653	72.00	
73.00	DRUGS CHARGED TO PATIENTS		16,830,285	0	16,830,285	73.00	
74.00	RENAL DIALYSIS		570,834	0	570,834	74.00	
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00	
76.00	ENDOSCOPY		2,266,807	0	2,266,807	76.00	
76.01	GALLAHUE MENTAL HEALTH CENTER		0	0	0	76.01	
76.02	NEUROPSYCH		28,420	0	28,420	76.02	
76.03	LUTHERWOOD		0	0	0	76.03	
76.04	CENTER FOR WOUND CARE		0	0	0	76.04	
76.97	CARDIAC REHABILITATION		1,506	0	1,506	76.97	
76.98	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	CLINIC	0	0	0	0	90.00	
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.01	
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.02	
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.03	
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.04	
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.05	
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.06	
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.07	
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.08	
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.09	
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.10	
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.11	
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.12	
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.13	
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.14	
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.15	
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.16	
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.17	
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.18	
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.19	
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.20	
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.21	
90.22	HEALTHY HEARTS CENTER	0	0	0	0	90.22	
90.23	FAMILY PRACTICE	0	0	0	0	90.23	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150169

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE	Total Costs	
					Disallowance		
1.00	2.00	3.00	4.00	5.00			
90.24	PALLATIVE CARE	0		0	0	0	90.24
90.25	INFUSION CENTERS	0		0	0	0	90.25
90.26	SPIRE CENTER	2,282,099		2,282,099	0	2,282,099	90.26
90.27	DIABETIC CARE CENTER	0		0	0	0	90.27
91.00	EMERGENCY	10,819,694		10,819,694	29,615	10,849,309	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,743,934		2,743,934		2,743,934	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	CMHC	0		0		0	99.00
99.10	CORF	0		0		0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0		0		0	105.00
106.00	HEART ACQUISITION	0		0		0	106.00
107.00	LIVER ACQUISITION	0		0		0	107.00
108.00	LUNG ACQUISITION	0		0		0	108.00
109.00	PANCREAS ACQUISITION	0		0		0	109.00
110.00	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	ISLET ACQUISITION	0		0		0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	HOSPICE	0		0		0	116.00
200.00	Subtotal (see instructions)	239,091,251	0	239,091,251	104,125	239,195,376	200.00
201.00	Less Observation Beds	2,743,934		2,743,934		2,743,934	201.00
202.00	Total (see instructions)	236,347,317	0	236,347,317	104,125	236,451,442	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:26 am	
			Title XVII I	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	52,202,605		52,202,605		30.00
31.00	INTENSIVE CARE UNIT	9,506,297		9,506,297		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	48,220,564		48,220,564		35.00
40.00	SUBPROVIDER - IPF	7,510,308		7,510,308		40.00
41.00	SUBPROVIDER - IRF	13,448,037		13,448,037		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	6,852,354		6,852,354		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	53,074,216	22,069,747	75,143,963	0.233909	50.00
51.00	RECOVERY ROOM	12,107,527	7,659,151	19,766,678	0.231910	51.00
52.00	DELIVERY ROOM & LABOR ROOM	35,038,174	0	35,038,174	0.426812	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	9,973,861	62,640,433	72,614,294	0.292129	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,612,716	5,298,129	8,910,845	0.177683	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	CT SCAN	12,356,784	26,786,725	39,143,509	0.080340	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,786,147	11,847,363	16,633,510	0.215566	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	39,470,852	19,080,027	58,550,879	0.134753	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	991,620	143,418	1,135,038	0.404244	64.00
65.00	RESPIRATORY THERAPY	17,669,344	813,332	18,482,676	0.236762	65.00
66.00	PHYSICAL THERAPY	8,585,293	7,004,443	15,589,736	0.317664	66.00
67.00	OCCUPATIONAL THERAPY	7,706,973	710,655	8,417,628	0.282524	67.00
68.00	SPEECH PATHOLOGY	2,627,428	325,021	2,952,449	0.286015	68.00
69.00	ELECTROCARDIOLOGY	6,220,559	2,048,831	8,269,390	0.211606	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,101,507	15,498,456	16,599,963	0.187017	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,356,894	9,561,865	37,918,759	0.348911	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	34,347,743	4,118,153	38,465,896	0.432608	72.00
73.00	DRUGS CHARGED TO PATIENTS	57,009,326	6,671,946	63,681,272	0.264289	73.00
74.00	RENAL DIALYSIS	1,321,107	18,625	1,339,732	0.426081	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	ENDOSCOPY	1,942,325	6,620,537	8,562,862	0.264725	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	0	0	0.000000	76.01
76.02	NEUROPSYCH	34,560	0	34,560	0.822338	76.02
76.03	LUTHERWOOD	0	0	0	0.000000	76.03
76.04	CENTER FOR WOUND CARE	0	0	0	0.000000	76.04
76.97	CARDIAC REHABILITATION	0	3,744	3,744	0.402244	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0	0.000000	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.21
90.22	HEALTHY HEARTS CENTER	0	0	0	0.000000	90.22
90.23	FAMILY PRACTICE	0	0	0	0.000000	90.23
90.24	PALLIATIVE CARE	0	0	0	0.000000	90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150169

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
90.25	INFUSION CENTERS	0	0	0	0.000000	0.000000	90.25
90.26	SPINE CENTER	0	2,151,043	2,151,043	1.060927	0.000000	90.26
90.27	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000	90.27
91.00	EMERGENCY	15,889,455	47,763,551	63,653,006	0.169979	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	856,758	12,787,793	13,644,551	0.201101	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	492,821,334	271,622,988	764,444,322			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	492,821,334	271,622,988	764,444,322			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:26 am
		Title XVII I	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
35.00	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	SUBPROVIDER - I PF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.233909		50.00
51.00	RECOVERY ROOM	0.231910		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.426812		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.292129		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.177683		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.080340		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.215566		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.135046		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.404244		64.00
65.00	RESPIRATORY THERAPY	0.236762		65.00
66.00	PHYSICAL THERAPY	0.317664		66.00
67.00	OCCUPATIONAL THERAPY	0.282524		67.00
68.00	SPEECH PATHOLOGY	0.286015		68.00
69.00	ELECTROCARDIOLOGY	0.211606		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.187110		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.348911		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.432608		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.264289		73.00
74.00	RENAL DIALYSIS	0.426081		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	ENDOSCOPY	0.264725		76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0.000000		76.01
76.02	NEUROPSYCH	0.822338		76.02
76.03	LUTHERWOOD	0.000000		76.03
76.04	CENTER FOR WOUND CARE	0.000000		76.04
76.97	CARDIAC REHABILITATION	0.402244		76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.21
90.22	HEALTHY HEARTS CENTER	0.000000		90.22
90.23	FAMILY PRACTICE	0.000000		90.23
90.24	PALLIATIVE CARE	0.000000		90.24
90.25	INFUSION CENTERS	0.000000		90.25
90.26	SPINE CENTER	1.060927		90.26

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150169

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

Worksheet C
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
90.27	DIABETIC CARE CENTER	0.000000			90.27
91.00	EMERGENCY	0.170445			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.201101			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	AMBULANCE SERVICES	0.000000			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	CMHC				99.00
99.10	CORF				99.10
100.00	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION				105.00
106.00	HEART ACQUISITION				106.00
107.00	LIVER ACQUISITION				107.00
108.00	LUNG ACQUISITION				108.00
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
114.00	UTILIZATION REVIEW-SNF				114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	HOSPICE				116.00
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: 150169

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

Worksheet C
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		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		47,530,153	0	0	30.00	
31.00	INTENSIVE CARE UNIT		5,822,884	0	0	31.00	
35.00	NEONATAL INTENSIVE CARE UNIT		11,316,383	0	0	35.00	
40.00	SUBPROVIDER - 1PF		3,995,380	0	0	40.00	
41.00	SUBPROVIDER - 1RF		9,426,861	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		3,188,996	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		17,576,838	0	0	50.00	
51.00	RECOVERY ROOM		4,584,084	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		14,954,712	0	0	52.00	
53.00	ANESTHESIOLOGY		0	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		21,212,732	0	0	54.00	
55.00	RADIOLOGY-THERAPEUTIC		1,583,302	0	0	55.00	
56.00	RADIOISOTOPE		0	0	0	56.00	
57.00	CT SCAN		3,144,809	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		3,585,621	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	LABORATORY		7,889,919	0	0	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00	
64.00	INTRAVENOUS THERAPY		458,832	0	0	64.00	
65.00	RESPIRATORY THERAPY	0	4,376,003	0	0	65.00	
66.00	PHYSICAL THERAPY	0	4,952,303	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	2,378,183	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	844,445	0	0	68.00	
69.00	ELECTROCARDIOLOGY		1,749,851	0	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY		3,104,474	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		13,230,254	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS		16,640,653	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		16,830,285	0	0	73.00	
74.00	RENAL DIALYSIS		570,834	0	0	74.00	
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00	
76.00	ENDOSCOPY		2,266,807	0	0	76.00	
76.01	GALLAHUE MENTAL HEALTH CENTER		0	0	0	76.01	
76.02	NEUROPSYCH		28,420	0	0	76.02	
76.03	LUTHERWOOD		0	0	0	76.03	
76.04	CENTER FOR WOUND CARE		0	0	0	76.04	
76.97	CARDIAC REHABILITATION		1,506	0	0	76.97	
76.98	HYPERBARI C OXYGEN THERAPY		0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	CLINIC	0	0	0	0	90.00	
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.01	
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.02	
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.03	
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.04	
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.05	
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.06	
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.07	
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.08	
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.09	
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.10	
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.11	
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.12	
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.13	
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.14	
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.15	
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.16	
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.17	
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.18	
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.19	
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.20	
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.21	
90.22	HEALTHY HEARTS CENTER	0	0	0	0	90.22	
90.23	FAMILY PRACTICE	0	0	0	0	90.23	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150169

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

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Part I
Date/Time Prepared:
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		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00		4.00
90.24	PALLATIVE CARE	0	0	0	0	0	90.24
90.25	INFUSION CENTERS	0	0	0	0	0	90.25
90.26	SPIRE CENTER	2,282,099	2,282,099	0	0	0	90.26
90.27	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	EMERGENCY	10,819,694	10,819,694	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,743,934	2,743,934	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
200.00	Subtotal (see instructions)	239,091,251	0	239,091,251	0	0	200.00
201.00	Less Observation Beds	2,743,934	0	2,743,934	0	0	201.00
202.00	Total (see instructions)	236,347,317	0	236,347,317	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:26 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	52,202,605		52,202,605		30.00
31.00	INTENSIVE CARE UNIT	9,506,297		9,506,297		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	48,220,564		48,220,564		35.00
40.00	SUBPROVIDER - IPF	7,510,308		7,510,308		40.00
41.00	SUBPROVIDER - IRF	13,448,037		13,448,037		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	6,852,354		6,852,354		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	53,074,216	22,069,747	75,143,963	0.233909	50.00
51.00	RECOVERY ROOM	12,107,527	7,659,151	19,766,678	0.231910	51.00
52.00	DELIVERY ROOM & LABOR ROOM	35,038,174	0	35,038,174	0.426812	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	9,973,861	62,640,433	72,614,294	0.292129	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,612,716	5,298,129	8,910,845	0.177683	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	CT SCAN	12,356,784	26,786,725	39,143,509	0.080340	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,786,147	11,847,363	16,633,510	0.215566	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	39,470,852	19,080,027	58,550,879	0.134753	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	991,620	143,418	1,135,038	0.404244	64.00
65.00	RESPIRATORY THERAPY	17,669,344	813,332	18,482,676	0.236762	65.00
66.00	PHYSICAL THERAPY	8,585,293	7,004,443	15,589,736	0.317664	66.00
67.00	OCCUPATIONAL THERAPY	7,706,973	710,655	8,417,628	0.282524	67.00
68.00	SPEECH PATHOLOGY	2,627,428	325,021	2,952,449	0.286015	68.00
69.00	ELECTROCARDIOLOGY	6,220,559	2,048,831	8,269,390	0.211606	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,101,507	15,498,456	16,599,963	0.187017	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,356,894	9,561,865	37,918,759	0.348911	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	34,347,743	4,118,153	38,465,896	0.432608	72.00
73.00	DRUGS CHARGED TO PATIENTS	57,009,326	6,671,946	63,681,272	0.264289	73.00
74.00	RENAL DIALYSIS	1,321,107	18,625	1,339,732	0.426081	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	ENDOSCOPY	1,942,325	6,620,537	8,562,862	0.264725	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	0	0	0.000000	76.01
76.02	NEUROPSYCH	34,560	0	34,560	0.822338	76.02
76.03	LUTHERWOOD	0	0	0	0.000000	76.03
76.04	CENTER FOR WOUND CARE	0	0	0	0.000000	76.04
76.97	CARDIAC REHABILITATION	0	3,744	3,744	0.402244	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.21
90.22	HEALTHY HEARTS CENTER	0	0	0	0.000000	90.22
90.23	FAMILY PRACTICE	0	0	0	0.000000	90.23
90.24	PALLIATIVE CARE	0	0	0	0.000000	90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150169

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
90.25	INFUSION CENTERS	0	0	0	0.000000	0.000000	90.25
90.26	SPINE CENTER	0	2,151,043	2,151,043	1.060927	0.000000	90.26
90.27	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000	90.27
91.00	EMERGENCY	15,889,455	47,763,551	63,653,006	0.169979	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	856,758	12,787,793	13,644,551	0.201101	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	492,821,334	271,622,988	764,444,322			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	492,821,334	271,622,988	764,444,322			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:26 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
35.00	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	SUBPROVIDER - I PF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	ENDOSCOPY	0.000000		76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0.000000		76.01
76.02	NEUROPSYCH	0.000000		76.02
76.03	LUTHERWOOD	0.000000		76.03
76.04	CENTER FOR WOUND CARE	0.000000		76.04
76.97	CARDIAC REHABILITATION	0.000000		76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.21
90.22	HEALTHY HEARTS CENTER	0.000000		90.22
90.23	FAMILY PRACTICE	0.000000		90.23
90.24	PALLIATIVE CARE	0.000000		90.24
90.25	INFUSION CENTERS	0.000000		90.25
90.26	SPINE CENTER	0.000000		90.26

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150169

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
90.27	DIABETIC CARE CENTER	0.000000			90.27
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	AMBULANCE SERVICES	0.000000			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	CMHC				99.00
99.10	CORF				99.10
100.00	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION				105.00
106.00	HEART ACQUISITION				106.00
107.00	LIVER ACQUISITION				107.00
108.00	LUNG ACQUISITION				108.00
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
114.00	UTILIZATION REVIEW-SNF				114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/29/2012 8:26 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	5,098,130	0	5,098,130	51,983	98.07	30.00
31.00 INTENSIVE CARE UNIT	592,560		592,560	3,563	166.31	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	1,364,136		1,364,136	9,761	139.75	35.00
40.00 SUBPROVIDER - IPF	328,711	0	328,711	5,336	61.60	40.00
41.00 SUBPROVIDER - IRF	862,464	0	862,464	11,989	71.94	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	366,372		366,372	7,317	50.07	43.00
200.00 Total (Lines 30-199)	8,612,373		8,612,373	89,949		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/29/2012 8:26 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	16,150	1,583,831		30.00
31.00 INTENSIVE CARE UNIT	1,963	326,467		31.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0		35.00
40.00 SUBPROVIDER - IPF	3,254	200,446		40.00
41.00 SUBPROVIDER - IRF	4,068	292,652		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (Lines 30-199)	25,435	2,403,396		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 8:26 am	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,718,679	75,143,963	0.022872	18,417,632	421,248	50.00
51.00	RECOVERY ROOM	490,117	19,766,678	0.024795	4,242,087	105,183	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,786,339	35,038,174	0.050983	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,128,951	72,614,294	0.029319	3,301,576	96,799	54.00
55.00	RADIOLOGY-THERAPEUTIC	375,819	8,910,845	0.042175	1,761,657	74,298	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	274,238	39,143,509	0.007006	5,533,723	38,769	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	306,840	16,633,510	0.018447	1,890,664	34,877	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	344,867	58,550,879	0.005890	14,231,549	83,824	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	21,613	1,135,038	0.019042	449,857	8,566	64.00
65.00	RESPIRATORY THERAPY	340,954	18,482,676	0.018447	5,559,698	102,560	65.00
66.00	PHYSICAL THERAPY	198,794	15,589,736	0.012752	1,797,088	22,916	66.00
67.00	OCCUPATIONAL THERAPY	97,740	8,417,628	0.011611	849,982	9,869	67.00
68.00	SPEECH PATHOLOGY	34,768	2,952,449	0.011776	176,037	2,073	68.00
69.00	ELECTROCARDIOLOGY	62,965	8,269,390	0.007614	3,478,451	26,485	69.00
70.00	ELECTROENCEPHALOGRAPHY	273,880	16,599,963	0.016499	487,834	8,049	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	433,863	37,918,759	0.011442	7,795,149	89,192	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	545,683	38,465,896	0.014186	11,979,355	169,939	72.00
73.00	DRUGS CHARGED TO PATIENTS	785,886	63,681,272	0.012341	16,732,651	206,498	73.00
74.00	RENAL DIALYSIS	18,772	1,339,732	0.014012	710,693	9,958	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	ENDOSCOPY	384,267	8,562,862	0.044876	866,541	38,887	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	0	0.000000	0	0	76.01
76.02	NEUROPSYCH	932	34,560	0.026968	2,880	78	76.02
76.03	LUTHERWOOD	0	0	0.000000	0	0	76.03
76.04	CENTER FOR WOUND CARE	0	0	0.000000	0	0	76.04
76.97	CARDIAC REHABILITATION	50	3,744	0.013355	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0	0	0.000000	0	0	90.22
90.23	FAMILY PRACTICE	0	0	0.000000	0	0	90.23
90.24	PALLIATIVE CARE	0	0	0.000000	0	0	90.24
90.25	INFUSION CENTERS	0	0	0.000000	0	0	90.25
90.26	SPINE CENTER	159,841	2,151,043	0.074309	0	0	90.26
90.27	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.27
91.00	EMERGENCY	873,953	63,653,006	0.013730	8,480,315	116,435	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	294,317	13,644,551	0.021570	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 8:26 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	11,954,128	626,704,157		108,745,419	1,666,503	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 8:26 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
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
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
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 8:26 am	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	51,983	0.00	16,150	0	0	30.00
31.00	INTENSIVE CARE UNIT	3,563	0.00	1,963	0	0	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	9,761	0.00	0	0	0	35.00
40.00	SUBPROVIDER - IPF	5,336	0.00	3,254	0	0	40.00
41.00	SUBPROVIDER - IRF	11,989	0.00	4,068	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	NURSERY	7,317	0.00	0	0	0	43.00
200.00	Total (Lines 30-199)	89,949		25,435	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/29/2012 8:26 am
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0		35.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150169			Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am	
Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	55,235	0	55,235	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	344,192	0	344,192	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	ENDOSCOPY	0	0	0	0	0	0	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	0	76.01
76.02	NEUROPSYCH	0	0	0	0	0	0	76.02
76.03	LUTHERWOOD	0	0	0	0	0	0	76.03
76.04	CENTER FOR WOUND CARE	0	0	0	0	0	0	76.04
76.97	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0	0	0	0	0	0	90.22
90.23	FAMILY PRACTICE	0	0	0	0	0	0	90.23
90.24	PALLIATIVE CARE	0	0	0	0	0	0	90.24
90.25	INFUSION CENTERS	0	0	0	0	0	0	90.25
90.26	SPINE CENTER	0	0	0	0	0	0	90.26
90.27	DIABETIC CARE CENTER	0	0	0	0	0	0	90.27
91.00	EMERGENCY	0	0	94,429	0	94,429	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150169			Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am	
		Title XVIII			Hospital		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	
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (Lines 50-199)	0	0	493,856	0	493,856	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am
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Cost Center Description	Title XVIII					
	Hospital		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	75,143,963	0.000000	0.000000	18,417,632	50.00
51.00 RECOVERY ROOM	0	19,766,678	0.000000	0.000000	4,242,087	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	35,038,174	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	55,235	72,614,294	0.000761	0.000761	3,301,576	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	8,910,845	0.000000	0.000000	1,761,657	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	39,143,509	0.000000	0.000000	5,533,723	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	16,633,510	0.000000	0.000000	1,890,664	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	58,550,879	0.000000	0.000000	14,231,549	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	1,135,038	0.000000	0.000000	449,857	64.00
65.00 RESPIRATORY THERAPY	0	18,482,676	0.000000	0.000000	5,559,698	65.00
66.00 PHYSICAL THERAPY	0	15,589,736	0.000000	0.000000	1,797,088	66.00
67.00 OCCUPATIONAL THERAPY	0	8,417,628	0.000000	0.000000	849,982	67.00
68.00 SPEECH PATHOLOGY	0	2,952,449	0.000000	0.000000	176,037	68.00
69.00 ELECTROCARDIOLOGY	0	8,269,390	0.000000	0.000000	3,478,451	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	16,599,963	0.000000	0.000000	487,834	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37,918,759	0.000000	0.000000	7,795,149	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	38,465,896	0.000000	0.000000	11,979,355	72.00
73.00 DRUGS CHARGED TO PATIENTS	344,192	63,681,272	0.005405	0.005405	16,732,651	73.00
74.00 RENAL DIALYSIS	0	1,339,732	0.000000	0.000000	710,693	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 ENDOSCOPY	0	8,562,862	0.000000	0.000000	866,541	76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	0.000000	0.000000	0	76.01
76.02 NEUROPSYCH	0	34,560	0.000000	0.000000	2,880	76.02
76.03 LUTHERWOOD	0	0	0.000000	0.000000	0	76.03
76.04 CENTER FOR WOUND CARE	0	0	0.000000	0.000000	0	76.04
76.97 CARDIAC REHABILITATION	0	3,744	0.000000	0.000000	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	0.000000	0.000000	0	90.22
90.23 FAMILY PRACTICE	0	0	0.000000	0.000000	0	90.23
90.24 PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.24
90.25 INFUSION CENTERS	0	0	0.000000	0.000000	0	90.25
90.26 SPINE CENTER	0	2,151,043	0.000000	0.000000	0	90.26
90.27 DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.27
91.00 EMERGENCY	94,429	63,653,006	0.001483	0.001483	8,480,315	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,644,551	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150169

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	493,856	626,704,157			108,745,419	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	3,135,282	0	0	0	50.00
51.00	RECOVERY ROOM	0	1,338,539	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,512	9,557,798	7,273	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	3,277,943	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	4,939,285	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,779,775	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	1,067,986	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	39,720	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	67,620	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	128	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	139	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	429,444	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,924,790	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	337,929	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	369,441	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	90,440	1,896,373	10,250	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	ENDOSCOPY	0	2,227,622	0	0	0	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	76.01
76.02	NEUROPSYCH	0	0	0	0	0	76.02
76.03	LUTHERWOOD	0	0	0	0	0	76.03
76.04	CENTER FOR WOUND CARE	0	0	0	0	0	76.04
76.97	CARDIAC REHABILITATION	0	76	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23	FAMILY PRACTICE	0	0	0	0	0	90.23
90.24	PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	INFUSION CENTERS	0	0	0	0	0	90.25
90.26	SPINE CENTER	0	8	0	0	0	90.26
90.27	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	EMERGENCY	12,576	6,553,076	9,718	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	868,933	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150169

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description		Title XVIII			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0 96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0 97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0 98.00
200.00	Total (lines 50-199)	105,528	41,811,907	27,241	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am
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Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Hospital	PPS
	23.00	24.00		
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
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 RADIOISOTOPE	0	0		56.00
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
60.01 BLOOD LABORATORY	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
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
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 ENDOSCOPY	0	0		76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0		76.01
76.02 NEUROPSYCH	0	0		76.02
76.03 LUTHERWOOD	0	0		76.03
76.04 CENTER FOR WOUND CARE	0	0		76.04
76.97 CARDIAC REHABILITATION	0	0		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 CLINIC	0	0		90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.21
90.22 HEALTHY HEARTS CENTER	0	0		90.22
90.23 FAMILY PRACTICE	0	0		90.23
90.24 PALLIATIVE CARE	0	0		90.24
90.25 INFUSION CENTERS	0	0		90.25
90.26 SPINE CENTER	0	0		90.26
90.27 DIABETIC CARE CENTER	0	0		90.27
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 AMBULANCE SERVICES	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am
		Title XVIII		Hospital	PPS
Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
		23.00	24.00		
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00	
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00	
200.00	Total (lines 50-199)	0	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/29/2012 8:26 am	
		Title XVII		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	0.233909	3,135,282	296	0		50.00
51.00	RECOVERY ROOM	0.231910	1,338,539	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.426812	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.292129	9,557,798	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.177683	3,277,943	0	0		55.00
56.00	RADIOISOTOPE	0.000000	0	0	0		56.00
57.00	CT SCAN	0.080340	4,939,285	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.215566	2,779,775	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00	LABORATORY	0.134753	1,067,986	0	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.404244	39,720	0	0		64.00
65.00	RESPIRATORY THERAPY	0.236762	67,620	0	0		65.00
66.00	PHYSICAL THERAPY	0.317664	128	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.282524	139	0	0		67.00
68.00	SPEECH PATHOLOGY	0.286015	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.211606	429,444	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.187017	2,924,790	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.348911	337,929	390	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.432608	369,441	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.264289	1,896,373	0	18,268		73.00
74.00	RENAL DIALYSIS	0.426081	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
76.00	ENDOSCOPY	0.264725	2,227,622	0	0		76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0.000000	0	0	0		76.01
76.02	NEUROPSYCH	0.822338	0	0	0		76.02
76.03	LUTHERWOOD	0.000000	0	0	0		76.03
76.04	CENTER FOR WOUND CARE	0.000000	0	0	0		76.04
76.97	CARDIAC REHABILITATION	0.402244	76	0	0		76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.000000	0	0	0		90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0		90.21
90.22	HEALTHY HEARTS CENTER	0.000000	0	0	0		90.22
90.23	FAMILY PRACTICE	0.000000	0	0	0		90.23
90.24	PALLIATIVE CARE	0.000000	0	0	0		90.24
90.25	INFUSION CENTERS	0.000000	0	0	0		90.25
90.26	SPINE CENTER	1.060927	8	0	0		90.26
90.27	DIABETIC CARE CENTER	0.000000	0	0	0		90.27
91.00	EMERGENCY	0.169979	6,553,076	0	0		91.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:26 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		
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.201101	868,933	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	AMBULANCE SERVICES	0.000000		0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		41,811,907	686	18,268	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		41,811,907	686	18,268	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:26 am
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Cost Center Description	Costs			Hospital	PPS
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	733,371	69	0		50.00
51.00 RECOVERY ROOM	310,421	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,792,110	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	582,435	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	396,822	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	599,225	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	143,914	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	16,057	0	0		64.00
65.00 RESPIRATORY THERAPY	16,010	0	0		65.00
66.00 PHYSICAL THERAPY	41	0	0		66.00
67.00 OCCUPATIONAL THERAPY	39	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	90,873	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	546,985	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	117,907	136	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	159,823	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	501,191	0	4,828		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 ENDOSCOPY	589,707	0	0		76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	0		76.01
76.02 NEUROPSYCH	0	0	0		76.02
76.03 LUTHERWOOD	0	0	0		76.03
76.04 CENTER FOR WOUND CARE	0	0	0		76.04
76.97 CARDIAC REHABILITATION	31	0	0		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.21
90.22 HEALTHY HEARTS CENTER	0	0	0		90.22
90.23 FAMILY PRACTICE	0	0	0		90.23
90.24 PALLIATIVE CARE	0	0	0		90.24
90.25 INFUSION CENTERS	0	0	0		90.25
90.26 SPINE CENTER	8	0	0		90.26
90.27 DIABETIC CARE CENTER	0	0	0		90.27
91.00 EMERGENCY	1,113,885	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	174,743	0	0		92.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:26 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		
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		0	0	94.00
95.00	AMBULANCE SERVICES		0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Subtotal (see instructions)	8,885,598	205	4,828	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00	Net Charges (line 200 +/- line 201)	8,885,598	205	4,828	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 8:26 am	
		Component CCN: 15S169		Title XVIIII		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	1,718,679	75,143,963	0.022872	252,606	5,778		50.00
51.00 RECOVERY ROOM	490,117	19,766,678	0.024795	171,439	4,251		51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,786,339	35,038,174	0.050983	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,128,951	72,614,294	0.029319	35,742	1,048		54.00
55.00 RADIOLOGY-THERAPEUTIC	375,819	8,910,845	0.042175	2,482	105		55.00
56.00 RADIOISOTOPE	0	0	0.000000	0	0		56.00
57.00 CT SCAN	274,238	39,143,509	0.007006	41,868	293		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	306,840	16,633,510	0.018447	9,782	180		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0	0		59.00
60.00 LABORATORY	344,867	58,550,879	0.005890	729,657	4,298		60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0		63.00
64.00 INTRAVENOUS THERAPY	21,613	1,135,038	0.019042	0	0		64.00
65.00 RESPIRATORY THERAPY	340,954	18,482,676	0.018447	42,705	788		65.00
66.00 PHYSICAL THERAPY	198,794	15,589,736	0.012752	34,266	437		66.00
67.00 OCCUPATIONAL THERAPY	97,740	8,417,628	0.011611	13,880	161		67.00
68.00 SPEECH PATHOLOGY	34,768	2,952,449	0.011776	1,672	20		68.00
69.00 ELECTROCARDIOLOGY	62,965	8,269,390	0.007614	10,304	78		69.00
70.00 ELECTROENCEPHALOGRAPHY	273,880	16,599,963	0.016499	9,407	155		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	433,863	37,918,759	0.011442	29,658	339		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	545,683	38,465,896	0.014186	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	785,886	63,681,272	0.012341	1,001,764	12,363		73.00
74.00 RENAL DIALYSIS	18,772	1,339,732	0.014012	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0		75.00
76.00 ENDOSCOPY	384,267	8,562,862	0.044876	0	0		76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	0.000000	0	0		76.01
76.02 NEUROPSYCH	932	34,560	0.026968	15,552	419		76.02
76.03 LUTHERWOOD	0	0	0.000000	0	0		76.03
76.04 CENTER FOR WOUND CARE	0	0	0.000000	0	0		76.04
76.97 CARDIAC REHABILITATION	50	3,744	0.013355	0	0		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0		76.98
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0		89.00
90.00 CLINIC	0	0	0.000000	0	0		90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0		90.21
90.22 HEALTHY HEARTS CENTER	0	0	0.000000	0	0		90.22
90.23 FAMILY PRACTICE	0	0	0.000000	0	0		90.23
90.24 PALLIATIVE CARE	0	0	0.000000	0	0		90.24
90.25 INFUSION CENTERS	0	0	0.000000	0	0		90.25
90.26 SPINE CENTER	159,841	2,151,043	0.074309	0	0		90.26
90.27 DIABETIC CARE CENTER	0	0	0.000000	0	0		90.27
91.00 EMERGENCY	873,953	63,653,006	0.013730	51,633	709		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	294,317	13,644,551	0.021570	0	0		92.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150169 Component CCN: 15S169		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 8:26 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	
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50-199)	11,954,128	626,704,157		2,454,417	31,422	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150169 Component CCN: 15S169		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 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
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	55,235	0	55,235	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	344,192	0	344,192	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	ENDOSCOPY	0	0	0	0	0	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	76.01
76.02	NEUROPSYCH	0	0	0	0	0	76.02
76.03	LUTHERWOOD	0	0	0	0	0	76.03
76.04	CENTER FOR WOUND CARE	0	0	0	0	0	76.04
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23	FAMILY PRACTICE	0	0	0	0	0	90.23
90.24	PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	INFUSION CENTERS	0	0	0	0	0	90.25
90.26	SPINE CENTER	0	0	0	0	0	90.26
90.27	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	EMERGENCY	0	0	94,429	0	94,429	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150169 Component CCN: 15S169		Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 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	
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	493,856	0	493,856	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am
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	Title XVIII	Subprovider - IPF	PPS
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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	75,143,963	0.000000	0.000000	252,606	50.00
51.00 RECOVERY ROOM	0	19,766,678	0.000000	0.000000	171,439	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	35,038,174	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	55,235	72,614,294	0.000761	0.000761	35,742	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	8,910,845	0.000000	0.000000	2,482	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	39,143,509	0.000000	0.000000	41,868	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	16,633,510	0.000000	0.000000	9,782	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	58,550,879	0.000000	0.000000	729,657	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	1,135,038	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	18,482,676	0.000000	0.000000	42,705	65.00
66.00 PHYSICAL THERAPY	0	15,589,736	0.000000	0.000000	34,266	66.00
67.00 OCCUPATIONAL THERAPY	0	8,417,628	0.000000	0.000000	13,880	67.00
68.00 SPEECH PATHOLOGY	0	2,952,449	0.000000	0.000000	1,672	68.00
69.00 ELECTROCARDIOLOGY	0	8,269,390	0.000000	0.000000	10,304	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	16,599,963	0.000000	0.000000	9,407	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37,918,759	0.000000	0.000000	29,658	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	38,465,896	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	344,192	63,681,272	0.005405	0.005405	1,001,764	73.00
74.00 RENAL DIALYSIS	0	1,339,732	0.000000	0.000000	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 ENDOSCOPY	0	8,562,862	0.000000	0.000000	0	76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	0.000000	0.000000	0	76.01
76.02 NEUROPSYCH	0	34,560	0.000000	0.000000	15,552	76.02
76.03 LUTHERWOOD	0	0	0.000000	0.000000	0	76.03
76.04 CENTER FOR WOUND CARE	0	0	0.000000	0.000000	0	76.04
76.97 CARDIAC REHABILITATION	0	3,744	0.000000	0.000000	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	0.000000	0.000000	0	90.22
90.23 FAMILY PRACTICE	0	0	0.000000	0.000000	0	90.23
90.24 PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.24
90.25 INFUSION CENTERS	0	0	0.000000	0.000000	0	90.25
90.26 SPINE CENTER	0	2,151,043	0.000000	0.000000	0	90.26
90.27 DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.27
91.00 EMERGENCY	94,429	63,653,006	0.001483	0.001483	51,633	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,644,551	0.000000	0.000000	0	92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES						95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	493,856	626,704,157			2,454,417	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150169 Component CCN: 15S169		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	27	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,415	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	ENDOSCOPY	0	0	0	0	0	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	76.01
76.02	NEUROPSYCH	0	0	0	0	0	76.02
76.03	LUTHERWOOD	0	0	0	0	0	76.03
76.04	CENTER FOR WOUND CARE	0	0	0	0	0	76.04
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23	FAMILY PRACTICE	0	0	0	0	0	90.23
90.24	PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	INFUSION CENTERS	0	0	0	0	0	90.25
90.26	SPI NE CENTER	0	0	0	0	0	90.26
90.27	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	EMERGENCY	77	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES						95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	5,519	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am
Title XVII		Subprovider - IPF	PPS

Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
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
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
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
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 ENDOSCOPY	0	0	76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	76.01
76.02 NEUROPSYCH	0	0	76.02
76.03 LUTHERWOOD	0	0	76.03
76.04 CENTER FOR WOUND CARE	0	0	76.04
76.97 CARDIAC REHABILITATION	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	90.22
90.23 FAMILY PRACTICE	0	0	90.23
90.24 PALLIATIVE CARE	0	0	90.24
90.25 INFUSION CENTERS	0	0	90.25
90.26 SPINE CENTER	0	0	90.26
90.27 DIABETIC CARE CENTER	0	0	90.27
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150169 Component CCN: 15S169		Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am
		Title XVIII		Subprovider - IPF	PPS
Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
96.00	DURABLE MEDICAL EQUIP-RENTED	23.00	24.00		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 8:26 am	
		Component CCN: 15T169		Title XVIII		Subprovider - IRF PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,718,679	75,143,963	0.022872	19,113	437	50.00
51.00	RECOVERY ROOM	490,117	19,766,678	0.024795	5,346	133	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,786,339	35,038,174	0.050983	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,128,951	72,614,294	0.029319	96,777	2,837	54.00
55.00	RADIOLOGY-THERAPEUTIC	375,819	8,910,845	0.042175	27,115	1,144	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	274,238	39,143,509	0.007006	110,242	772	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	306,840	16,633,510	0.018447	37,429	690	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	344,867	58,550,879	0.005890	669,804	3,945	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	21,613	1,135,038	0.019042	2,752	52	64.00
65.00	RESPIRATORY THERAPY	340,954	18,482,676	0.018447	394,911	7,285	65.00
66.00	PHYSICAL THERAPY	198,794	15,589,736	0.012752	2,078,821	26,509	66.00
67.00	OCCUPATIONAL THERAPY	97,740	8,417,628	0.011611	1,947,977	22,618	67.00
68.00	SPEECH PATHOLOGY	34,768	2,952,449	0.011776	422,758	4,978	68.00
69.00	ELECTROCARDIOLOGY	62,965	8,269,390	0.007614	23,850	182	69.00
70.00	ELECTROENCEPHALOGRAPHY	273,880	16,599,963	0.016499	7,266	120	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	433,863	37,918,759	0.011442	71,891	823	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	545,683	38,465,896	0.014186	4,335	61	72.00
73.00	DRUGS CHARGED TO PATIENTS	785,886	63,681,272	0.012341	1,315,994	16,241	73.00
74.00	RENAL DIALYSIS	18,772	1,339,732	0.014012	24,909	349	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	ENDOSCOPY	384,267	8,562,862	0.044876	14,283	641	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	0	0.000000	0	0	76.01
76.02	NEUROPSYCH	932	34,560	0.026968	2,304	62	76.02
76.03	LUTHERWOOD	0	0	0.000000	0	0	76.03
76.04	CENTER FOR WOUND CARE	0	0	0.000000	0	0	76.04
76.97	CARDIAC REHABILITATION	50	3,744	0.013355	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0	0	0.000000	0	0	90.22
90.23	FAMILY PRACTICE	0	0	0.000000	0	0	90.23
90.24	PALLIATIVE CARE	0	0	0.000000	0	0	90.24
90.25	INFUSION CENTERS	0	0	0.000000	0	0	90.25
90.26	SPINE CENTER	159,841	2,151,043	0.074309	0	0	90.26
90.27	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.27
91.00	EMERGENCY	873,953	63,653,006	0.013730	14,277	196	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	294,317	13,644,551	0.021570	0	0	92.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150169 Component CCN: 15T169		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 8:26 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50-199)	11,954,128	626,704,157		7,292,154	90,075	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150169 Component CCN: 15T169		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	55,235	0	55,235	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	344,192	0	344,192	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	ENDOSCOPY	0	0	0	0	0	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	76.01
76.02	NEUROPSYCH	0	0	0	0	0	76.02
76.03	LUTHERWOOD	0	0	0	0	0	76.03
76.04	CENTER FOR WOUND CARE	0	0	0	0	0	76.04
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23	FAMILY PRACTICE	0	0	0	0	0	90.23
90.24	PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	INFUSION CENTERS	0	0	0	0	0	90.25
90.26	SPINE CENTER	0	0	0	0	0	90.26
90.27	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	EMERGENCY	0	0	94,429	0	94,429	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150169 Component CCN: 15T169		Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am	
Title XVIII				Subprovider - IRF		PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)
		1.00	2.00	3.00	4.00	5.00
95.00	AMBULANCE SERVICES					95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00
200.00	Total (lines 50-199)	0	0	493,856	0	493,856 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15T169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am
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	Title XVIII	Subprovider - IRF	PPS
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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	75,143,963	0.000000	0.000000	19,113	50.00
51.00 RECOVERY ROOM	0	19,766,678	0.000000	0.000000	5,346	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	35,038,174	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	55,235	72,614,294	0.000761	0.000761	96,777	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	8,910,845	0.000000	0.000000	27,115	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	39,143,509	0.000000	0.000000	110,242	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	16,633,510	0.000000	0.000000	37,429	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	58,550,879	0.000000	0.000000	669,804	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	1,135,038	0.000000	0.000000	2,752	64.00
65.00 RESPIRATORY THERAPY	0	18,482,676	0.000000	0.000000	394,911	65.00
66.00 PHYSICAL THERAPY	0	15,589,736	0.000000	0.000000	2,078,821	66.00
67.00 OCCUPATIONAL THERAPY	0	8,417,628	0.000000	0.000000	1,947,977	67.00
68.00 SPEECH PATHOLOGY	0	2,952,449	0.000000	0.000000	422,758	68.00
69.00 ELECTROCARDIOLOGY	0	8,269,390	0.000000	0.000000	23,850	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	16,599,963	0.000000	0.000000	7,266	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37,918,759	0.000000	0.000000	71,891	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	38,465,896	0.000000	0.000000	4,335	72.00
73.00 DRUGS CHARGED TO PATIENTS	344,192	63,681,272	0.005405	0.005405	1,315,994	73.00
74.00 RENAL DIALYSIS	0	1,339,732	0.000000	0.000000	24,909	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 ENDOSCOPY	0	8,562,862	0.000000	0.000000	14,283	76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	0.000000	0.000000	0	76.01
76.02 NEUROPSYCH	0	34,560	0.000000	0.000000	2,304	76.02
76.03 LUTHERWOOD	0	0	0.000000	0.000000	0	76.03
76.04 CENTER FOR WOUND CARE	0	0	0.000000	0.000000	0	76.04
76.97 CARDIAC REHABILITATION	0	3,744	0.000000	0.000000	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	0.000000	0.000000	0	90.22
90.23 FAMILY PRACTICE	0	0	0.000000	0.000000	0	90.23
90.24 PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.24
90.25 INFUSION CENTERS	0	0	0.000000	0.000000	0	90.25
90.26 SPINE CENTER	0	2,151,043	0.000000	0.000000	0	90.26
90.27 DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.27
91.00 EMERGENCY	94,429	63,653,006	0.001483	0.001483	14,277	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,644,551	0.000000	0.000000	0	92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15T169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES						95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	493,856	626,704,157			7,292,154	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15T169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am
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	Title XVIII	Subprovider - IRF	PPS
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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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	74	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	852	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
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	7,113	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	0	0	0	0	0	76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	0	0	0	76.01
76.02 NEUROPSYCH	0	0	0	0	0	76.02
76.03 LUTHERWOOD	0	0	0	0	0	76.03
76.04 CENTER FOR WOUND CARE	0	0	0	0	0	76.04
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23 FAMILY PRACTICE	0	0	0	0	0	90.23
90.24 PALLIATIVE CARE	0	0	0	0	0	90.24
90.25 INFUSION CENTERS	0	0	0	0	0	90.25
90.26 SPINE CENTER	0	0	0	0	0	90.26
90.27 DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00 EMERGENCY	21	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150169 Component CCN: 15T169		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am	
				Title XVIII		Subprovider - IRF	
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (Lines 50-199)	7,208	852	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15T169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am
	Title XVII I	Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
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
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
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
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 ENDOSCOPY	0	0	76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	76.01
76.02 NEUROPSYCH	0	0	76.02
76.03 LUTHERWOOD	0	0	76.03
76.04 CENTER FOR WOUND CARE	0	0	76.04
76.97 CARDIAC REHABILITATION	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	90.22
90.23 FAMILY PRACTICE	0	0	90.23
90.24 PALLIATIVE CARE	0	0	90.24
90.25 INFUSION CENTERS	0	0	90.25
90.26 SPINE CENTER	0	0	90.26
90.27 DIABETIC CARE CENTER	0	0	90.27
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150169 Component CCN: 15T169		Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:26 am
		Title XVIII		Subprovider - IRF	PPS
Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
96.00	DURABLE MEDICAL EQUIP-RENTED	23.00	24.00		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:26 am		
		Component CCN: 15T169	Title XVIII	Subprovider - IRF	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	0.233909	0	0	0	50.00
51.00	RECOVERY ROOM	0.231910	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.426812	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.292129	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.177683	0	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.080340	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.215566	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.134753	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.404244	852	0	0	64.00
65.00	RESPIRATORY THERAPY	0.236762	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.317664	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.282524	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.286015	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.211606	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.187017	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.348911	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.432608	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.264289	0	0	2,366	73.00
74.00	RENAL DIALYSIS	0.426081	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	ENDOSCOPY	0.264725	0	0	0	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0.000000	0	0	0	76.01
76.02	NEUROPSYCH	0.822338	0	0	0	76.02
76.03	LUTHERWOOD	0.000000	0	0	0	76.03
76.04	CENTER FOR WOUND CARE	0.000000	0	0	0	76.04
76.97	CARDIAC REHABILITATION	0.402244	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0.000000	0	0	0	90.22
90.23	FAMILY PRACTICE	0.000000	0	0	0	90.23
90.24	PALLIATIVE CARE	0.000000	0	0	0	90.24
90.25	INFUSION CENTERS	0.000000	0	0	0	90.25
90.26	SPIRE CENTER	1.060927	0	0	0	90.26
90.27	DIABETIC CARE CENTER	0.000000	0	0	0	90.27

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150169 Component CCN: 15T169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:26 am
	Title XVIII	Subprovider - IRF	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)		
91.00 EMERGENCY	0.169979	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.201101	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00 AMBULANCE SERVICES	0.000000		0			95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00 Subtotal (see instructions)		852	0	2,366		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00 Net Charges (line 200 +/- line 201)		852	0	2,366		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150169 Component CCN: 15T169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:26 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Co-ins. (see instructions)	Cost Services Not Subject To Ded. & Co-ins. (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
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	344	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	625		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 ENDOSCOPY	0	0	0		76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	0		76.01
76.02 NEUROPSYCH	0	0	0		76.02
76.03 LUTHERWOOD	0	0	0		76.03
76.04 CENTER FOR WOUND CARE	0	0	0		76.04
76.97 CARDIAC REHABILITATION	0	0	0		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.21
90.22 HEALTHY HEARTS CENTER	0	0	0		90.22
90.23 FAMILY PRACTICE	0	0	0		90.23
90.24 PALLIATIVE CARE	0	0	0		90.24
90.25 INFUSION CENTERS	0	0	0		90.25
90.26 SPINE CENTER	0	0	0		90.26
90.27 DIABETIC CARE CENTER	0	0	0		90.27
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150169 Component CCN: 15T169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:26 am
	Title XVIII	Subprovider - IRF	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		
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0			95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	344	0	625		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	344	0	625		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:26 am		
		Component CCN: 15T169	Title XIX	Subprovider - IRF		
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	0.233909	0	1,283,336	0	50.00
51.00	RECOVERY ROOM	0.231910	0	626,789	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.426812	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.292129	0	2,641,180	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.177683	0	195,094	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.080340	0	1,950,308	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.215566	0	634,152	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.134753	0	2,067,875	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.404244	0	7,360	0	64.00
65.00	RESPIRATORY THERAPY	0.236762	0	126,018	0	65.00
66.00	PHYSICAL THERAPY	0.317664	0	266,337	0	66.00
67.00	OCCUPATIONAL THERAPY	0.282524	0	53,749	0	67.00
68.00	SPEECH PATHOLOGY	0.286015	0	69,017	0	68.00
69.00	ELECTROCARDIOLOGY	0.211606	0	162,048	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.187017	0	886,946	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.348911	0	677,520	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.432608	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.264289	0	702,776	0	73.00
74.00	RENAL DIALYSIS	0.426081	0	5,576	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	ENDOSCOPY	0.264725	0	214,327	0	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0.000000	0	0	0	76.01
76.02	NEUROPSYCH	0.822338	0	0	0	76.02
76.03	LUTHERWOOD	0.000000	0	0	0	76.03
76.04	CENTER FOR WOUND CARE	0.000000	0	0	0	76.04
76.97	CARDIAC REHABILITATION	0.402244	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0.000000	0	0	0	90.22
90.23	FAMILY PRACTICE	0.000000	0	0	0	90.23
90.24	PALLIATIVE CARE	0.000000	0	0	0	90.24
90.25	INFUSION CENTERS	0.000000	0	0	0	90.25
90.26	SPINE CENTER	1.060927	0	27,271	0	90.26
90.27	DIABETIC CARE CENTER	0.000000	0	0	0	90.27

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150169 Component CCN: 15T169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:26 am
	Title XIX	Subprovider - IRF	Cost

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)		
91.00 EMERGENCY	0.169979	0	8,339,652	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.201101	0	2,473,411	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00 AMBULANCE SERVICES	0.000000		0			95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00 Subtotal (see instructions)		0	23,410,742	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)		0	23,410,742	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150169 Component CCN: 15T169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:26 am
	Title XIX	Subprovider - IRF	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Co-ins. (see instructions)	Cost Services Not Subject To Ded. & Co-ins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	300,184	0		50.00
51.00 RECOVERY ROOM	0	145,359	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	771,565	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	34,665	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	156,688	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	136,702	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	278,652	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	2,975	0		64.00
65.00 RESPIRATORY THERAPY	0	29,836	0		65.00
66.00 PHYSICAL THERAPY	0	84,606	0		66.00
67.00 OCCUPATIONAL THERAPY	0	15,185	0		67.00
68.00 SPEECH PATHOLOGY	0	19,740	0		68.00
69.00 ELECTROCARDIOLOGY	0	34,290	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	165,874	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	236,394	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	185,736	0		73.00
74.00 RENAL DIALYSIS	0	2,376	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 ENDOSCOPY	0	56,738	0		76.00
76.01 GALLAHUE MENTAL HEALTH CENTER	0	0	0		76.01
76.02 NEUROPSYCH	0	0	0		76.02
76.03 LUTHERWOOD	0	0	0		76.03
76.04 CENTER FOR WOUND CARE	0	0	0		76.04
76.97 CARDIAC REHABILITATION	0	0	0		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.01
90.02 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.03
90.04 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.04
90.05 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.05
90.06 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.06
90.07 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.07
90.08 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.08
90.09 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.09
90.10 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.10
90.11 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.11
90.12 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.12
90.13 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.13
90.14 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.14
90.15 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.15
90.16 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.16
90.17 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.17
90.18 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.18
90.19 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.19
90.20 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.20
90.21 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.21
90.22 HEALTHY HEARTS CENTER	0	0	0		90.22
90.23 FAMILY PRACTICE	0	0	0		90.23
90.24 PALLIATIVE CARE	0	0	0		90.24
90.25 INFUSION CENTERS	0	0	0		90.25
90.26 SPINE CENTER	0	28,933	0		90.26
90.27 DIABETIC CARE CENTER	0	0	0		90.27
91.00 EMERGENCY	0	1,417,566	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	497,405	0		92.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150169 Component CCN: 15T169	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:26 am
	Title XIX	Subprovider - IRF	Cost

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		
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0			95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	0	4,601,469	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	4,601,469	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2012 8:26 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)		51,983	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		51,983	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)		51,983	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)		16,150	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)		47,530,153	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)		47,530,153	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		97,839,506	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		97,839,506	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.485797	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,882.14	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)		47,530,153	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)		914.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,766,591	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)		14,766,591	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Title XVIII		Hospital		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	5,822,884	3,563	1,634.26	1,963	3,208,052	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	NEONATAL INTENSIVE CARE UNIT	11,367,588	9,761	1,164.59	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					26,834,704	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					44,809,347	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)					1,910,298	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,772,031	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,682,329	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					41,127,018	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)					3,001	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					914.34	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,743,934	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 8:26 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	5,098,130	47,530,153	0.107261	2,743,934	294,317	90.00
91.00	Nursing School cost	0	47,530,153	0.000000	2,743,934	0	91.00
92.00	Allied health cost	0	47,530,153	0.000000	2,743,934	0	92.00
93.00	All other Medical Education	0	47,530,153	0.000000	2,743,934	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15S169		Date/Time Prepared: 5/29/2012 8:26 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)		5,336	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,336	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,336	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)		3,254	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)		3,999,991	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)		3,999,991	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		13,720,399	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		13,720,399	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.291536	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,571.29	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)		3,999,991	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)		749.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,439,263	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)		2,439,263	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15S169				Date/Time Prepared: 5/29/2012 8:26 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 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					539,765		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,979,028		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)					200,446		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					36,941		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					237,387		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,741,641		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: 150169 Component CCN: 15S169		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 8:26 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	328,711	3,999,991	0.082178	0	0	90.00
91.00	Nursing School cost	0	3,999,991	0.000000	0	0	91.00
92.00	Allied health cost	0	3,999,991	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,999,991	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T169		Date/Time Prepared: 5/29/2012 8:26 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		11,989	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		11,989	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)		11,989	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)		4,068	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)		9,426,861	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)		9,426,861	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		7,522,567	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		7,522,567	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.253144	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)		627.46	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)		9,426,861	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)		786.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,198,628	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)		3,198,628	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T169				Date/Time Prepared: 5/29/2012 8:26 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		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 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,972,314		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,170,942		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)					292,652		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					97,283		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					389,935		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,781,007		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: 150169 Component CCN: 15T169		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 8:26 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	862,464	9,426,861	0.091490	0	0	90.00
91.00	Nursing School cost	0	9,426,861	0.000000	0	0	91.00
92.00	Allied health cost	0	9,426,861	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,426,861	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2012 8:26 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		51,983	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		51,983	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)		51,983	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,463	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)		7,317	15.00
16.00	Nursery days (title V or XIX only)		972	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)		47,530,153	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)		47,530,153	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		97,839,506	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		97,839,506	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.485797	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,882.14	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)		47,530,153	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)		914.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,337,679	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,337,679	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Title XIX		Hospital		Cost	
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)	3,188,996	7,317	435.83	972	423,627	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,822,884	3,563	1,634.26	453	740,320	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	NEONATAL INTENSIVE CARE UNIT	11,316,383	9,761	1,159.35	1,032	1,196,449	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,317,979	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,016,054	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,001	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					914.34	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,743,934	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150169

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

Worksheet D-1
Date/Time Prepared:
5/29/2012 8:26 am

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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T169		Date/Time Prepared: 5/29/2012 8:26 am
		Title XIX	Subprovider - IRF	Cost
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)		11,989	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		11,989	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)		11,989	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)		2,725	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)		7,317	15.00
16.00	Nursery days (title V or XIX only)		972	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)		9,426,861	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)		9,426,861	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		7,522,567	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		7,522,567	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.253144	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)		627.46	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)		9,426,861	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)		786.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,142,640	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)		2,142,640	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T169				Date/Time Prepared: 5/29/2012 8:26 am	
		Title XIX		Subprovider - IRF		Cost	
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 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,294,778		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,437,418		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					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: 150169 Component CCN: 15T169		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 8:26 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 8:26 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		19,157,067		30.00
31.00	INTENSIVE CARE UNIT		4,555,135		31.00
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - 1PF		0		40.00
41.00	SUBPROVIDER - 1RF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.233909	18,417,632	4,308,050	50.00
51.00	RECOVERY ROOM	0.231910	4,242,087	983,782	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.426812	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.292129	3,301,576	964,486	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.177683	1,761,657	313,017	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.080340	5,533,723	444,579	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.215566	1,890,664	407,563	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.135046	14,231,549	1,921,914	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.404244	449,857	181,852	64.00
65.00	RESPIRATORY THERAPY	0.236762	5,559,698	1,316,325	65.00
66.00	PHYSICAL THERAPY	0.317664	1,797,088	570,870	66.00
67.00	OCCUPATIONAL THERAPY	0.282524	849,982	240,140	67.00
68.00	SPEECH PATHOLOGY	0.286015	176,037	50,349	68.00
69.00	ELECTROCARDIOLOGY	0.211606	3,478,451	736,061	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.187110	487,834	91,279	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.348911	7,795,149	2,719,813	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.432608	11,979,355	5,182,365	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.264289	16,732,651	4,422,256	73.00
74.00	RENAL DIALYSIS	0.426081	710,693	302,813	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	ENDOSCOPY	0.264725	866,541	229,395	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0.000000	0	0	76.01
76.02	NEUROPSYCH	0.822338	2,880	2,368	76.02
76.03	LUTHERWOOD	0.000000	0	0	76.03
76.04	CENTER FOR WOUND CARE	0.000000	0	0	76.04
76.97	CARDIAC REHABILITATION	0.402244	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0.000000	0	0	90.22
90.23	FAMILY PRACTICE	0.000000	0	0	90.23
90.24	PALLIATIVE CARE	0.000000	0	0	90.24

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 8:26 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	
90.25	INFUSION CENTERS	0.000000	0	0	90.25
90.26	SPINE CENTER	1.060927	0	0	90.26
90.27	DIABETIC CARE CENTER	0.000000	0	0	90.27
91.00	EMERGENCY	0.170445	8,480,315	1,445,427	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.201101	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		108,745,419	26,834,704	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)		108,745,419		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15S169		Date/Time Prepared: 5/29/2012 8:26 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
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		4,666,147		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	0.233909	252,606	59,087	50.00
51.00	RECOVERY ROOM	0.231910	171,439	39,758	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.426812	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.292129	35,742	10,441	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.177683	2,482	441	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.080340	41,868	3,364	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.215566	9,782	2,109	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.135046	729,657	98,537	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.404244	0	0	64.00
65.00	RESPIRATORY THERAPY	0.236762	42,705	10,111	65.00
66.00	PHYSICAL THERAPY	0.317664	34,266	10,885	66.00
67.00	OCCUPATIONAL THERAPY	0.282524	13,880	3,921	67.00
68.00	SPEECH PATHOLOGY	0.286015	1,672	478	68.00
69.00	ELECTROCARDIOLOGY	0.211606	10,304	2,180	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.187110	9,407	1,760	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.348911	29,658	10,348	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.432608	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.264289	1,001,764	264,755	73.00
74.00	RENAL DIALYSIS	0.426081	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	ENDOSCOPY	0.264725	0	0	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0.000000	0	0	76.01
76.02	NEUROPSYCH	0.822338	15,552	12,789	76.02
76.03	LUTHERWOOD	0.000000	0	0	76.03
76.04	CENTER FOR WOUND CARE	0.000000	0	0	76.04
76.97	CARDIAC REHABILITATION	0.402244	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0.000000	0	0	90.22
90.23	FAMILY PRACTICE	0.000000	0	0	90.23

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 8:26 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	
90.24	PALLIATIVE CARE	0.000000	0	0	90.24
90.25	INFUSION CENTERS	0.000000	0	0	90.25
90.26	SPI NE CENTER	1.060927	0	0	90.26
90.27	DI ABETIC CARE CENTER	0.000000	0	0	90.27
91.00	EMERGENCY	0.170445	51,633	8,801	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.201101	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		2,454,417	539,765	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		2,454,417		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3
		Component CCN: 15T169		Date/Time Prepared: 5/29/2012 8:26 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
35.00	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		4,624,677	41.00
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.233909	19,113	4,471 50.00
51.00	RECOVERY ROOM	0.231910	5,346	1,240 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.426812	0	0 52.00
53.00	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.292129	96,777	28,271 54.00
55.00	RADIOLOGY-THERAPEUTIC	0.177683	27,115	4,818 55.00
56.00	RADIOISOTOPE	0.000000	0	0 56.00
57.00	CT SCAN	0.080340	110,242	8,857 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.215566	37,429	8,068 58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	LABORATORY	0.135046	669,804	90,454 60.00
60.01	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	INTRAVENOUS THERAPY	0.404244	2,752	1,112 64.00
65.00	RESPIRATORY THERAPY	0.236762	394,911	93,500 65.00
66.00	PHYSICAL THERAPY	0.317664	2,078,821	660,367 66.00
67.00	OCCUPATIONAL THERAPY	0.282524	1,947,977	550,350 67.00
68.00	SPEECH PATHOLOGY	0.286015	422,758	120,915 68.00
69.00	ELECTROCARDIOLOGY	0.211606	23,850	5,047 69.00
70.00	ELECTROENCEPHALOGRAPHY	0.187110	7,266	1,360 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.348911	71,891	25,084 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.432608	4,335	1,875 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.264289	1,315,994	347,803 73.00
74.00	RENAL DIALYSIS	0.426081	24,909	10,613 74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	ENDOSCOPY	0.264725	14,283	3,781 76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0.000000	0	0 76.01
76.02	NEUROPSYCH	0.822338	2,304	1,895 76.02
76.03	LUTHERWOOD	0.000000	0	0 76.03
76.04	CENTER FOR WOUND CARE	0.000000	0	0 76.04
76.97	CARDIAC REHABILITATION	0.402244	0	0 76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	CLINIC	0.000000	0	0 90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.21
90.22	HEALTHY HEARTS CENTER	0.000000	0	0 90.22
90.23	FAMILY PRACTICE	0.000000	0	0 90.23

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T169		Date/Time Prepared: 5/29/2012 8:26 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.24	PALLIATIVE CARE	0.000000	0	0	90.24
90.25	INFUSION CENTERS	0.000000	0	0	90.25
90.26	SPI NE CENTER	1.060927	0	0	90.26
90.27	DI ABETI C CARE CENTER	0.000000	0	0	90.27
91.00	EMERGENCY	0.170445	14,277	2,433	91.00
92.00	OBSERVATION BEDS (NON-DI STI NCT PART)	0.201101	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		7,292,154	1,972,314	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)		7,292,154		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 8:26 am	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		6,489,817		30.00
31.00	INTENSIVE CARE UNIT		680,670		31.00
35.00	NEONATAL INTENSIVE CARE UNIT		18,762,969		35.00
40.00	SUBPROVIDER - 1PF		0		40.00
41.00	SUBPROVIDER - 1RF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		5,372,078		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.233909	1,842,096	430,883	50.00
51.00	RECOVERY ROOM	0.231910	435,801	101,067	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.426812	4,362,778	1,862,086	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.292129	1,218,062	355,831	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.177683	246,990	43,886	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.080340	792,421	63,663	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.215566	308,587	66,521	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.134753	3,984,616	536,939	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.404244	75,794	30,639	64.00
65.00	RESPIRATORY THERAPY	0.236762	2,486,713	588,759	65.00
66.00	PHYSICAL THERAPY	0.317664	117,432	37,304	66.00
67.00	OCCUPATIONAL THERAPY	0.282524	301,293	85,123	67.00
68.00	SPEECH PATHOLOGY	0.286015	94,487	27,025	68.00
69.00	ELECTROCARDIOLOGY	0.211606	550,446	116,478	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.187017	92,931	17,380	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.348911	2,618,231	913,530	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.432608	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.264289	6,629,998	1,752,236	73.00
74.00	RENAL DIALYSIS	0.426081	109,404	46,615	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	ENDOSCOPY	0.264725	121,870	32,262	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0.000000	0	0	76.01
76.02	NEUROPSYCH	0.822338	0	0	76.02
76.03	LUTHERWOOD	0.000000	0	0	76.03
76.04	CENTER FOR WOUND CARE	0.000000	0	0	76.04
76.97	CARDIAC REHABILITATION	0.402244	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0.000000	0	0	90.22
90.23	FAMILY PRACTICE	0.000000	0	0	90.23
90.24	PALLIATIVE CARE	0.000000	0	0	90.24

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 8:26 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	
90.25	INFUSION CENTERS	0.000000	0	0	90.25
90.26	SPINE CENTER	1.060927	0	0	90.26
90.27	DIABETIC CARE CENTER	0.000000	0	0	90.27
91.00	EMERGENCY	0.169979	1,133,344	192,645	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.201101	85,066	17,107	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		27,608,360	7,317,979	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)		27,608,360		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3
		Component CCN: 15S169	Date/Time Prepared: 5/29/2012 8:26 am	
		Title XIX	Subprovider - IPF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
35.00	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	SUBPROVIDER - IPF		4,785	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	0.233909	0	50.00
51.00	RECOVERY ROOM	0.231910	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.426812	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.292129	788	230 54.00
55.00	RADIOLOGY-THERAPEUTIC	0.177683	0	55.00
56.00	RADIOISOTOPE	0.000000	0	56.00
57.00	CT SCAN	0.080340	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.215566	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	LABORATORY	0.134753	1,974	266 60.00
60.01	BLOOD LABORATORY	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0.404244	0	64.00
65.00	RESPIRATORY THERAPY	0.236762	0	65.00
66.00	PHYSICAL THERAPY	0.317664	0	66.00
67.00	OCCUPATIONAL THERAPY	0.282524	0	67.00
68.00	SPEECH PATHOLOGY	0.286015	0	68.00
69.00	ELECTROCARDIOLOGY	0.211606	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.187017	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.348911	224	78 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.432608	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.264289	0	73.00
74.00	RENAL DIALYSIS	0.426081	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	ENDOSCOPY	0.264725	0	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0.000000	0	76.01
76.02	NEUROPSYCH	0.822338	0	76.02
76.03	LUTHERWOOD	0.000000	0	76.03
76.04	CENTER FOR WOUND CARE	0.000000	0	76.04
76.97	CARDIAC REHABILITATION	0.402244	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	CLINIC	0.000000	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.21
90.22	HEALTHY HEARTS CENTER	0.000000	0	90.22
90.23	FAMILY PRACTICE	0.000000	0	90.23

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 8:26 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.24	PALLIATIVE CARE	0.000000	0	0	90.24
90.25	INFUSION CENTERS	0.000000	0	0	90.25
90.26	SPI NE CENTER	1.060927	0	0	90.26
90.27	DI ABETI C CARE CENTER	0.000000	0	0	90.27
91.00	EMERGENCY	0.169979	0	0	91.00
92.00	OBSERVATION BEDS (NON-DI STI NCT PART)	0.201101	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		2,986	574	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)		2,986		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T169		Date/Time Prepared: 5/29/2012 8:26 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - 1PF		0		40.00
41.00	SUBPROVIDER - IRF		2,757,715		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.233909	19,378	4,533	50.00
51.00	RECOVERY ROOM	0.231910	2,335	542	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.426812	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.292129	43,400	12,678	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.177683	6,962	1,237	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.080340	43,091	3,462	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.215566	30,447	6,563	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.134753	201,556	27,160	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.404244	1,475	596	64.00
65.00	RESPIRATORY THERAPY	0.236762	131,336	31,095	65.00
66.00	PHYSICAL THERAPY	0.317664	1,140,840	362,404	66.00
67.00	OCCUPATIONAL THERAPY	0.282524	1,038,906	293,516	67.00
68.00	SPEECH PATHOLOGY	0.286015	641,955	183,609	68.00
69.00	ELECTROCARDIOLOGY	0.211606	1,397	296	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.187017	6,806	1,273	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.348911	17,462	6,093	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.432608	204,785	88,592	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.264289	964,259	254,843	73.00
74.00	RENAL DIALYSIS	0.426081	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	ENDOSCOPY	0.264725	19,035	5,039	76.00
76.01	GALLAHUE MENTAL HEALTH CENTER	0.000000	0	0	76.01
76.02	NEUROPSYCH	0.822338	13,677	11,247	76.02
76.03	LUTHERWOOD	0.000000	0	0	76.03
76.04	CENTER FOR WOUND CARE	0.000000	0	0	76.04
76.97	CARDIAC REHABILITATION	0.402244	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.01
90.02	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.03
90.04	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.04
90.05	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.05
90.06	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.06
90.07	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.07
90.08	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.08
90.09	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.09
90.10	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.10
90.11	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.11
90.12	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.12
90.13	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.13
90.14	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.14
90.15	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.15
90.16	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.16
90.17	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.17
90.18	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.18
90.19	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.19
90.20	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0.000000	0	0	90.22
90.23	FAMILY PRACTICE	0.000000	0	0	90.23

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169 Component CCN: 15T169	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 8:26 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.24	PALLATIVE CARE	0.000000	0	0	90.24
90.25	INFUSION CENTERS	0.000000	0	0	90.25
90.26	SPI NE CENTER	1.060927	0	0	90.26
90.27	DI ABETI C CARE CENTER	0.000000	0	0	90.27
91.00	EMERGENCY	0.169979	0	0	91.00
92.00	OBSERVATION BEDS (NON-DI STI NCT PART)	0.201101	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		4,529,102	1,294,778	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)		4,529,102		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 8:26 am
		Title XVIIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		32,473,418	1.00
2.00	Outlier payments for discharges. (see instructions)		1,637,443	2.00
3.00	Managed Care Simulated Payments		7,131,239	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		271.58	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)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		1.66	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)		1.66	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.84	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)		1.66	12.00
13.00	Total allowable FTE count for the prior year.		1.83	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.		1.83	14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.77	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		1.77	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.006517	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.006320	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.006320	21.00
22.00	IME payment adjustment (see instructions)		136,596	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)		0.18	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)		136,596	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.61	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		20.75	31.00
32.00	Sum of lines 30 and 31		23.36	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.75	33.00
34.00	Disproportionate share adjustment (see instructions)		2,841,424	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)		37,088,881	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)		37,088,881	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,081,577	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).		39,879	52.00
53.00	Nursing and Allied Health Managed Care payment		20,617	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: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 8:26 am
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		105,528	58.00
59.00	Total (sum of amounts on lines 49 through 58)		40,336,482	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		40,336,482	61.00
62.00	Deductibles billed to program beneficiaries		3,279,608	62.00
63.00	Coinsurance billed to program beneficiaries		94,239	63.00
64.00	Allowable bad debts (see instructions)		494,423	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		346,096	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		334,827	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		37,308,731	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)		37,308,731	71.00
72.00	Interim payments		38,209,439	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)		-900,708	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		1,824,226	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: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 8:26 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,033	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,858,357	2.00
3.00	PPS payments		7,078,077	3.00
4.00	Outlier payment (see instructions)		31,129	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		27,241	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,033	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		18,954	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)		18,954	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)		18,954	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		13,921	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)		5,033	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)		7,136,447	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		137	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,838,849	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		5,302,494	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		6,695	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		5,309,189	30.00
31.00	Primary payer payments		2,477	31.00
32.00	Subtotal (line 30 minus line 31)		5,306,712	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)		308,760	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		216,132	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		198,630	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		5,522,844	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-66	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		115	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		5,523,025	40.00
41.00	Interim payments		5,462,830	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)		60,195	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		23,531	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: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 8:26 am
	Title XVIII	Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)			0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 8:26 am
		Component CCN: 15S169	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 8:26 am
	Title XVIII	Subprovider - IPF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 8:26 am
		Component CCN: 15T169	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		625	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		344	2.00
3.00	PPS payments		332	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)		625	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,366	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)		2,366	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)		2,366	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,741	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)		625	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)		332	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		957	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)		957	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		957	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)		957	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)		957	40.00
41.00	Interim payments		879	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)		78	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: 150169 Component CCN: 15T169	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 8:26 am
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150169

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2012 8:26 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		36,833,195		5,478,415	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	09/12/2011	750,230		0	3.01
3.02		10/06/2011	523,235		0	3.02
3.03		11/28/2011	102,779	11/28/2011	113	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0	09/12/2011	15,698	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)		1,376,244		-15,585	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)		38,209,439		5,462,830	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		60,195	6.01
6.02	SETTLEMENT TO PROGRAM		900,708		0	6.02
7.00	Total Medicare program liability (see instructions)		37,308,731		5,523,025	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: 150169
Component CCN: 15S169

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2012 8:26 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		2,539,675		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,539,675		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		38,956		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,578,631		0	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: 150169
Component CCN: 15T169

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2012 8:26 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,453,504		879	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)		4,453,504		879	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		512,542		78	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,966,046		957	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150169

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2012 8:26 am

		Title XVIII	Hospital	PPS
		1.00		
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			14,435 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			18,113 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			3,811 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			62,306 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			764,444,322 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			11,686,418 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,664,185 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial /interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			1,664,185 32.00
		Overrides		
		1.00		
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/29/2012 8:26 am
		Component CCN: 15S169	Title XVII I	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)			2,568,268 1.00
2.00	Net IPF PPS Outlier Payments			129,887 2.00
3.00	Net IPF PPS ECT Payments			32,764 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			14.619178 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)			2,730,919 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)			2,730,919 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,730,919 18.00
19.00	Deductibles			182,188 19.00
20.00	Subtotal (line 18 minus line 19)			2,548,731 20.00
21.00	Coinurance			9,056 21.00
22.00	Subtotal (line 20 minus line 21)			2,539,675 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			47,767 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			33,437 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			41,167 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,573,112 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)			5,519 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)			2,578,631 31.00
32.00	Interim payments			2,539,675 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)			38,956 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/29/2012 8:26 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,266,791 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0434 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			490,681 3.00
4.00	Outlier Payments			303,133 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			32.846575 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			5,060,605 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,060,605 17.00
18.00	Primary payer payments			15,194 18.00
19.00	Subtotal (line 17 less line 18).			5,045,411 19.00
20.00	Deductibles			28,300 20.00
21.00	Subtotal (line 19 minus line 20)			5,017,111 21.00
22.00	Coinsurance			72,926 22.00
23.00	Subtotal (line 21 minus line 22)			4,944,185 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			20,933 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			14,653 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			20,933 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,958,838 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			7,208 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,966,046 32.00
33.00	Interim payments			4,453,504 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			512,542 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2012 8:26 am
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		11,016,054	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		11,016,054	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		11,016,054	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		27,608,360	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		27,608,360	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		27,608,360	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		16,592,306	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		11,016,054	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		11,016,054	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		11,016,054	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		11,016,054	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		11,016,054	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		11,016,054	40.00
41.00	Interim payments		12,496,111	41.00
42.00	Balance due provider/program (line 40 minus 41)		-1,480,057	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2012 8:26 am
		Title XIX	Subprovider - IRF	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		3,437,418	1.00
2.00	Medical and other services		4,601,469	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		8,038,887	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		8,038,887	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		27,939,844	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		27,939,844	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		27,939,844	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		19,900,957	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		8,038,887	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		8,038,887	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		8,038,887	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		8,038,887	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		8,038,887	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		8,038,887	40.00
41.00	Interim payments		1,557,801	41.00
42.00	Balance due provider/program (line 40 minus 41)		6,481,086	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/29/2012 8:26 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			1.66	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)			1.66	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.84	6.00
7.00	Enter the lesser of line 5 or line 6			1.66	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	1.84	0.00	1.84	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	1.66	0.00	1.66	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	1.66	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.83	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.14	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	1.54	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	1.54	0.00		17.00
18.00	Per resident amount	80,383.66	0.00		18.00
19.00	Approved amount for resident costs	123,791	0	123,791	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)			0.18	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)			80,383.66	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)			123,791	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	25,435	5,270		26.00
27.00	Total Inpatient Days	79,631	79,631		27.00
28.00	Ratio of inpatient days to total inpatient days	0.319411	0.066180		28.00
29.00	Program direct GME amount	39,540	8,192		29.00
30.00	Reduction for nursing/allied health		1,158		30.00
31.00	Net Program direct GME amount			46,574	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/29/2012 8:26 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)		1,339,732	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)		52,959,317	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)		15,194	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		52,944,123	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		8,891,600	42.00
43.00	Primary payer payments (see instructions)		2,477	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		8,889,123	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		61,833,246	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.856240	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.143760	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		46,574	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		39,879	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		6,695	50.00

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

Provider CCN: 150169

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

Worksheet G

Date/Time Prepared:
5/29/2012 8:26 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	6,234,454	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	212,674,889	0	0	0	4.00
5.00	Other receivable	186,081	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-164,287,842	0	0	0	6.00
7.00	Inventory	3,031,492	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	472,505	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)	58,311,579	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,705,851	0	0	0	12.00
13.00	Land improvements	3,116,937	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	285,673,838	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	5,897,791	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	3,118,039	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	89,800,749	0	0	0	23.00
24.00	Accumulated depreciation	-171,521,813	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	218,791,392	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	-7,148,884	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	443,673,356	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	436,524,472	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	713,627,443	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	364,186	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	364,186	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	17,451,927	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	17,451,927	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	17,816,113	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	695,811,330	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	695,811,330	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	713,627,443	0	0	0	60.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150169

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

Worksheet G-2 Parts

Date/Time Prepared:
5/29/2012 8:26 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	97,839,506		97,839,506	1.00
2.00	SUBPROVIDER - IPF	13,720,399		13,720,399	2.00
3.00	SUBPROVIDER - IRF	7,522,567		7,522,567	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	119,082,472		119,082,472	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,580,147		9,580,147	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	NEONATAL INTENSIVE CARE UNIT	49,227,663		49,227,663	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	58,807,810		58,807,810	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	177,890,282		177,890,282	17.00
18.00	Ancillary services	331,323,450	1	331,323,451	18.00
19.00	Outpatient services	0	312,400,386	312,400,386	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	509,213,732	312,400,387	821,614,119	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		304,367,916		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		304,367,916		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150169

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

Worksheet G-3

Date/Time Prepared:
5/29/2012 8:26 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	821,614,119	1.00
2.00	Less contractual allowances and discounts on patients' accounts	479,949,695	2.00
3.00	Net patient revenues (line 1 minus line 2)	341,664,424	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	304,367,916	4.00
5.00	Net income from service to patients (line 3 minus line 4)	37,296,508	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	41,520,831	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	24,521	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	3,191	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	4,103,798	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	-25,552,985	24.00
25.00	Total other income (sum of lines 6-24)	20,099,356	25.00
26.00	Total (line 5 plus line 25)	57,395,864	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)	57,395,864	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150169	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/29/2012 8:26 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,627,660	1.00
2.00	Capital DRG outlier payments		319,381	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		175.57	3.00
4.00	Number of interns & residents (see instructions)		1.77	4.00
5.00	Indirect medical education percentage (see instructions)		0.28	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		7,357	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.61	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		20.75	8.00
9.00	Sum of lines 7 and 8		23.36	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.84	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		127,179	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,081,577	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