

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: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/24/2012 1:57 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input checked="" 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: 5/24/2012 Time: 1:57 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 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 ELKHART GENERAL HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title 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	528,366	65,964	0	0	1.00
2.00 Subprovider - IPF	0	20,658	0		0	2.00
3.00 Subprovider - IRF	0	41,601	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	590,625	65,964	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150018		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 1:51 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 600 EAST BLVD			PO Box:							1.00	
2.00	City: ELKHART			State: IN		Zip Code: 46514		County: ELKHART			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
				V	XVIII	XIX						
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ELKHART GENERAL HOSPITAL	150018	21140	1	01/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF		ELKHART PSYCH	15S018	21140	4	01/01/1990	N	P	O	4.00	
5.00	Subprovider - IRF		ELKHART REHAB	15T018	21140	5	01/01/1993	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	N	8.00	
9.00	Hospital-Based SNF							N	N	N	9.00	
10.00	Hospital-Based NF							N	N	N	10.00	
11.00	Hospital-Based OLTC										11.00	
12.00	Hospital-Based HHA		ELKHART HHA	157202	21140		01/01/1990	N	P	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										15.00	
16.00	Hospital-Based Health Clinic - FQHC										16.00	
17.00	Hospital-Based (CMHC) 1										17.00	
18.00	Renal Dialysis										18.00	
19.00	Other										19.00	
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011		20.00		
21.00	Type of Control (see instructions)						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.	4,921	447	0	157	4,906	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.	192	50	0	0	36	0		25.00			
							Urban/Rural	S	Date of Geogr			
							1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						1		26.00			
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).						1		27.00			
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00			
							Beginning:	Ending:				
							1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 1:51 pm		
		Beginning:	Ending:			
		1.00	2.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			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.				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.				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150018

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

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2012 1:51 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 1:51 pm	
			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	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	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	
			1.00	2.00	
			Speech	Respiratory	
			3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				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	7,500,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/24/2012 1:51 pm
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		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.	N		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.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2012	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:			20.00
		REALLOCATIONS FOR CORRECT CTC RATIO		

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150018

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

Worksheet S-2
Part II
Date/Time Prepared:
5/24/2012 1:51 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2012	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:			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: 150018

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	229	83,585	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)		229	83,585	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,760	0.00		8.00
8.01 NURSERY INTENSIVE CARE	31.01	8	2,920	0.00		8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		261	95,265	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840			16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300			17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			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						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		297				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
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: 150018

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	18,908	4,056	39,491		1.00
2.00 HMO		2,637	5,084			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	86			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	18,908	4,056	39,491		7.00
8.00 INTENSIVE CARE UNIT	0	1,870	458	4,458		8.00
8.01 NURSERY INTENSIVE CARE	0	0	93	903		8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		314	3,050		13.00
14.00 Total (see instructions)	0	20,778	4,921	47,902		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	688	0	2,016		16.00
17.00 SUBPROVIDER - IRF	0	1,987	192	3,317		17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0		0	0		20.00
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY	0	7,202	1,516	9,745		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	2,586		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				579		30.00
31.00 Employee discount days - IRF				28		31.00
32.00 Labor & delivery days (see instructions)			426	617		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150018

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	4,786	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NURSERY INTENSIVE CARE						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	1,647.01	0.00	0	4,786	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	19.73	0.00	0	116	16.00
17.00 SUBPROVIDER - IRF	0.00	20.00	0.00	0	186	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			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						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	1,686.74	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150018

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	2,842	11,582		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
8.01 NURSERY INTENSIVE CARE				8.01
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	2,842	11,582		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	75	481		16.00
17.00 SUBPROVIDER - IRF	14	295		17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
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: 150018

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2012 1:51 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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	90,698,977	57,267	90,756,244	3,472,412.00 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A		119,490	0	119,490	1,411.00 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		466,050	-233,025	233,025	2,744.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00 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)		17,841,037	-87,373	17,753,664	563,988.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		7,072,687	0	7,072,687	230,221.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		291,608	0	291,608	2,617.00 13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		24,301,192	0	24,301,192	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		4,776,628	0	4,776,628	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A		11,754	0	11,754	
23.00	Physician Part B		22,853	0	22,853	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		0	0	0	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	2,375,539	0	2,375,539	75,552.00 26.00
27.00	Administrative & General	5.00	9,862,769	159,706	10,022,475	447,844.00 27.00
28.00	Administrative & General under contract (see inst.)		5,247,494	0	5,247,494	66,684.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	1,453,570	0	1,453,570	59,076.00 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00 31.00
32.00	Housekeeping	9.00	1,601,003	0	1,601,003	140,416.00 32.00
33.00	Housekeeping under contract (see instructions)		118,461	0	118,461	2,080.00 33.00
34.00	Dietary	10.00	1,722,396	-615,048	1,107,348	72,215.00 34.00
35.00	Dietary under contract (see instructions)		620,000	0	620,000	14,560.00 35.00
36.00	Cafeteria	11.00	126,938	615,048	741,986	62,998.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	4,245,712	-327,829	3,917,883	157,738.00 38.00
39.00	Central Services and Supply	14.00	611,889	0	611,889	36,469.00 39.00
40.00	Pharmacy	15.00	3,292,765	-3,135,052	157,713	2,104.00 40.00
41.00	Medical Records & Medical Records Library	16.00	1,871,785	0	1,871,785	92,986.00 41.00
42.00	Social Service	17.00	831,054	-72,333	758,721	23,755.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/24/2012 1:51 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	26.14	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	84.68	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	84.92	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)	0.00	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)	31.48	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	30.72	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	111.43	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	31.44	26.00
27.00	Administrative & General	22.38	27.00
28.00	Administrative & General under contract (see inst.)	78.69	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	24.61	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	11.40	32.00
33.00	Housekeeping under contract (see instructions)	56.95	33.00
34.00	Dietary	15.33	34.00
35.00	Dietary under contract (see instructions)	42.58	35.00
36.00	Cafeteria	11.78	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	24.84	38.00
39.00	Central Services and Supply	16.78	39.00
40.00	Pharmacy	74.96	40.00
41.00	Medical Records & Medical Records Library	20.13	41.00
42.00	Social Service	31.94	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150018

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2012 1:51 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	96,218,882	290,292	96,509,174	3,552,992.00	1.00
2.00	Excluded area salaries (see instructions)	17,841,037	-87,373	17,753,664	563,988.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	78,377,845	377,665	78,755,510	2,989,004.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,364,295	0	7,364,295	232,838.00	4.00
5.00	Subtotal wage-related costs (see inst.)	24,312,946	0	24,312,946	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	110,055,086	377,665	110,432,751	3,221,842.00	6.00
7.00	Total overhead cost (see instructions)	33,981,375	-3,375,508	30,605,867	1,254,477.00	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/24/2012 1:51 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	27.16	1.00
2.00	Excluded area salaries (see instructions)	31.48	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26.35	3.00
4.00	Subtotal other wages & related costs (see inst.)	31.63	4.00
5.00	Subtotal wage-related costs (see inst.)	30.87	5.00
6.00	Total (sum of lines 3 thru 5)	34.28	6.00
7.00	Total overhead cost (see instructions)	24.40	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150018

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/24/2012 1:51 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	1,455,220	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	1,010,860	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	13,605,600	8.00
9.00	Prescription Drug Plan	95,000	9.00
10.00	Dental, Hearing and Vision Plan	229,016	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	97,525	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)	243,142	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	577,184	14.00
15.00	'Workers' Compensation Insurance	0	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	6,326,806	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	147,741	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	66,558	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	23,854,652	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	5,268,874	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150018

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

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2012 1:51 pm

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150018		Period: From 01/01/2011 To 12/31/2011		Worksheet S-4	
		Component CCN: 157202				Date/Time Prepared: 5/24/2012 1:51 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County	ELKHART				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	20,337	3,411	4,183	27,931	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	316.00	53.00	65.00	434.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		9.01	0.00	9.01	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			13.71	0.00	13.71	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			1.21	0.00	1.21	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.77	0.00	0.77	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.42	0.00	0.42	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.57	0.00	0.57	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			13.43	0.00	13.43	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			4			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			21140			20.00
20.01				43780			20.01
20.02				99915			20.02
20.03				99923			20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,078	492	106	28	2,704	21.00
22.00	Skilled Nursing Visit Charges	347,100	82,164	17,702	4,676	451,642	22.00
23.00	Physical Therapy Visits	862	12	16	13	903	23.00
24.00	Physical Therapy Visit Charges	167,228	2,328	3,104	2,522	175,182	24.00
25.00	Occupational Therapy Visits	365	5	3	6	379	25.00
26.00	Occupational Therapy Visit Charges	70,810	970	582	1,164	73,526	26.00
27.00	Speech Pathology Visits	89	4	3	5	101	27.00
28.00	Speech Pathology Visit Charges	17,185	766	582	934	19,467	28.00
29.00	Medical Social Service Visits	93	4	4	1	102	29.00
30.00	Medical Social Service Visit Charges	24,273	1,044	1,044	261	26,622	30.00
31.00	Home Health Aide Visits	1,708	86	4	25	1,823	31.00
32.00	Home Health Aide Visit Charges	152,036	7,676	357	2,231	162,300	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,195	603	136	78	6,012	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	778,632	94,948	23,371	11,788	908,739	35.00
36.00	Total Number of Episodes (standard/non outlier)	279		48	5	332	36.00
37.00	Total Number of Outlier Episodes		12		0	12	37.00
38.00	Total Non-Routine Medical Supply Charges	31,442	11,882	927	0	44,251	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/24/2012 1:51 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.347114		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		11,289,217		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		73,317,432		6.00
7.00	Medicaid cost (line 1 times line 6)		25,449,507		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)		14,160,290		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)		14,160,290		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	9,205,082	13,580,569	22,785,651	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,195,213	4,714,006	7,909,219	21.00
22.00	Partial payment by patients approved for charity care	49,022	4,656,054	4,705,076	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,146,191	57,952	3,204,143	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		18,369,211		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		832,961		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		17,536,250		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		6,087,078		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		9,291,221		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		23,451,511		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150018

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

Worksheet A
Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		0	0	9,949,567	9,949,567	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		17,540,513	17,540,513	-2,301,473	15,239,040	2.00
3.00 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	2,375,539	29,986,523	32,362,062	-3,500	32,358,562	4.00
5.00 ADMINISTRATIVE & GENERAL	9,862,769	14,815,263	24,678,032	-1,426,641	23,251,391	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	1,453,570	7,117,206	8,570,776	-2,096,591	6,474,185	7.00
8.00 LAUNDRY & LINEN SERVICE	0	2,255,869	2,255,869	0	2,255,869	8.00
9.00 HOUSEKEEPING	1,601,003	540,047	2,141,050	0	2,141,050	9.00
10.00 DIETARY	1,722,396	1,963,987	3,686,383	-1,715,027	1,971,356	10.00
11.00 CAFETERIA	126,938	169,881	296,819	1,714,881	2,011,700	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	4,245,712	1,301,622	5,547,334	-385,925	5,161,409	13.00
14.00 CENTRAL SERVICES & SUPPLY	611,889	174,887	786,776	26,632	813,408	14.00
15.00 PHARMACY	3,292,765	9,737,484	13,030,249	-12,794,606	235,643	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,871,785	640,687	2,512,472	-423,037	2,089,435	16.00
17.00 SOCIAL SERVICE	831,054	453,946	1,285,000	-72,333	1,212,667	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00 PARAMED PRGM-(SPECIFY)	146,276	91,375	237,651	-2,454	235,197	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	14,182,160	1,543,982	15,726,142	-935,376	14,790,766	30.00
31.00 INTENSIVE CARE UNIT	3,691,539	946,251	4,637,790	-334,261	4,303,529	31.00
31.01 NURSERY INTENSIVE CARE	502,760	75,819	578,579	-56,444	522,135	31.01
40.00 SUBPROVIDER - IPF	1,051,920	33,588	1,085,508	55,924	1,141,432	40.00
41.00 SUBPROVIDER - IRF	1,056,770	123,251	1,180,021	-14,684	1,165,337	41.00
43.00 NURSERY	813,501	117,612	931,113	368,752	1,299,865	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	5,110,040	19,689,787	24,799,827	-17,029,033	7,770,794	50.00
51.00 RECOVERY ROOM	1,946,521	308,749	2,255,270	-211,463	2,043,807	51.00
52.00 DELIVERY ROOM & LABOR ROOM	947,664	148,196	1,095,860	0	1,095,860	52.00
53.00 ANESTHESIOLOGY	28,058	4,805,920	4,833,978	-356,581	4,477,397	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,825,077	639,628	2,464,705	-202,199	2,262,506	54.00
54.01 INTERVENTIONAL RADIOLOGY	802,439	799,393	1,301,832	-85,078	1,216,754	54.01
54.02 BREAST CENTER	575,392	135,777	711,169	155,100	866,269	54.02
54.03 RADIATION ONCOLOGY	1,018,745	395,226	1,413,971	85,322	1,499,293	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	213,231	401,634	614,865	84,769	699,634	56.00
56.01 ULTRASOUND	577,261	24,686	601,947	634,881	1,236,828	56.01
57.00 CT SCAN	690,711	223,364	914,075	217,649	1,131,724	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	367,584	140,995	508,579	149,638	658,217	58.00
59.00 CARDIAC CATHETERIZATION	1,042,361	6,296,942	7,339,303	-4,698,640	2,640,663	59.00
60.00 LABORATORY	0	10,382,672	10,382,672	-319,073	10,063,599	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	1,849,778	1,849,778	-46	1,849,732	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	983,846	420,845	1,404,691	-355,488	1,049,203	64.00
64.01 HOME INFUSION	228,910	262,246	491,156	22,968	514,124	64.01
65.00 RESPIRATORY THERAPY	2,858,917	531,839	3,390,756	79,792	3,470,548	65.00
66.00 PHYSICAL THERAPY	986,233	39,407	1,025,640	-334	1,025,306	66.00
67.00 OCCUPATIONAL THERAPY	509,749	11,318	521,067	-456	520,611	67.00
68.00 SPEECH PATHOLOGY	221,975	16,785	238,760	0	238,760	68.00
69.00 ELECTROCARDIOLOGY	165,588	10,871	176,459	0	176,459	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	15,737,752	15,737,752	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,578,227	9,578,227	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	12,692,175	12,692,175	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
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	664,575	152,596	817,171	-513	816,658	90.00
91.00 EMERGENCY	3,882,962	812,958	4,695,920	-358,324	4,337,596	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	324,721	561,967	886,688	-346,914	539,774	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150018

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

Worksheet A
Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00 HOME HEALTH AGENCY	1,607,457	269,216	1,876,673	-88,568	1,788,105	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE		2,107,045	2,107,045	-2,107,045	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	-10	-10	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	76,720,363	141,069,633	217,789,996	2,831,912	220,621,908	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	11,130,378	5,405,462	16,535,840	-317,993	16,217,847	192.00
192.01 HOSPITAL BASED CLINIC	599,149	374,080	973,229	-193,938	779,291	192.01
192.02 OUTPATIENT PSYCH	1,643,880	230,578	1,874,458	-124,431	1,750,027	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	605,207	5,162,326	5,767,533	-2,195,550	3,571,983	194.00
200.00 TOTAL (SUM OF LINES 118-199)	90,698,977	152,242,079	242,941,056	0	242,941,056	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150018

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

Worksheet A
Date/Time Prepared:
5/24/2012 1:51 pm

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	79,263	10,028,830	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	79,582	15,318,622	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	0	32,358,562	4.00
5.00	ADMINISTRATIVE & GENERAL	-790,638	22,460,753	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	-90,530	6,383,655	7.00
8.00	LAUNDRY & LINEN SERVICE	0	2,255,869	8.00
9.00	HOUSEKEEPING	-2,400	2,138,650	9.00
10.00	DIETARY	-255,212	1,716,144	10.00
11.00	CAFETERIA	-1,571,750	439,950	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	-500	5,160,909	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	813,408	14.00
15.00	PHARMACY	-160,959	74,684	15.00
16.00	MEDICAL RECORDS & LIBRARY	-101,998	1,987,437	16.00
17.00	SOCIAL SERVICE	-63,676	1,148,991	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
23.00	PARAMED ED PRGM-(SPECIFY)	-244,243	-9,046	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-1,522,725	13,268,041	30.00
31.00	INTENSIVE CARE UNIT	-354,300	3,949,229	31.00
31.01	NURSERY INTENSIVE CARE	0	522,135	31.01
40.00	SUBPROVIDER - I PF	0	1,141,432	40.00
41.00	SUBPROVIDER - I RF	0	1,165,337	41.00
43.00	NURSERY	0	1,299,865	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	7,770,794	50.00
51.00	RECOVERY ROOM	0	2,043,807	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-2,099	1,093,761	52.00
53.00	ANESTHESIOLOGY	-4,232,342	245,055	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-3,578	2,258,928	54.00
54.01	INTERVENTIONAL RADIOLOGY	0	1,216,754	54.01
54.02	BREAST CENTER	0	866,269	54.02
54.03	RADIATION ONCOLOGY	0	1,499,293	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	699,634	56.00
56.01	ULTRASOUND	0	1,236,828	56.01
57.00	CT SCAN	0	1,131,724	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	658,217	58.00
59.00	CARDIAC CATHETERIZATION	-5,155	2,635,508	59.00
60.00	LABORATORY	0	10,063,599	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	1,849,732	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	1,049,203	64.00
64.01	HOME INFUSION	0	514,124	64.01
65.00	RESPIRATORY THERAPY	-15,909	3,454,639	65.00
66.00	PHYSICAL THERAPY	-2,552	1,022,754	66.00
67.00	OCCUPATIONAL THERAPY	0	520,611	67.00
68.00	SPEECH PATHOLOGY	0	238,760	68.00
69.00	ELECTROCARDIOLOGY	-1,767	174,692	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,737,752	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	9,578,227	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	12,692,175	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	-63,087	753,571	90.00
91.00	EMERGENCY	-75,681	4,261,915	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	539,774	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
101.00	HOME HEALTH AGENCY	0	1,788,105	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150018

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

Worksheet A
Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
SPECIAL PURPOSE COST CENTERS				
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	-10	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-9,402,256	211,219,652	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	16,217,847	192.00
192.01	HOSPITAL BASED CLINIC	0	779,291	192.01
192.02	OUTPATIENT PSYCH	0	1,750,027	192.02
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	3,571,983	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-9,402,256	233,538,800	200.00

RECLASSIFICATIONS

Provider CCN: 150018

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

Worksheet A-6
Date/Time Prepared:
5/24/2012 1:51 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	171,139	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,379	2.00	
	TOTALS		0	182,518		
B - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,107,045	1.00	
	TOTALS		0	2,107,045		
C - DIETARY						
1.00	CAFETERIA	11.00	615,048	1,099,833	1.00	
	TOTALS		615,048	1,099,833		
D - CASE MANAGEMENT						
1.00	SUBPROVIDER - IPF	40.00	60,505	0	1.00	
2.00	HOME HEALTH AGENCY	101.00	11,828	0	2.00	
	TOTALS		72,333	0		
E - SERVICE CONTRACTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	26,648	1.00	
2.00	OPERATING ROOM	50.00	0	108,873	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	69,067	3.00	
4.00	BREAST CENTER	54.02	0	169,600	4.00	
5.00	RADIATION ONCOLOGY	54.03	0	162,606	5.00	
6.00	RADIOISOTOPE	56.00	0	85,724	6.00	
7.00	ULTRASOUND	56.01	0	635,608	7.00	
8.00	CT SCAN	57.00	0	228,795	8.00	
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	156,292	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	276,711	10.00	
11.00	RESPIRATORY THERAPY	65.00	0	100,578	11.00	
12.00	EMERGENCY	91.00	0	10,249	12.00	
13.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	15,756	13.00	
	TOTALS		0	2,046,507		
F - HOME CARE						
1.00	HOME INFUSION	64.01	57,267	0	1.00	
	TOTALS		57,267	0		
G - PHYSICIAN PRACTICES						
1.00		192.00	0	47,311	1.00	
	TOTALS		0	47,311		
H - NURSERY						
1.00	NURSERY	43.00	103,486	265,329	1.00	
	TOTALS		103,486	265,329		
I - ONCOLOGY						
1.00		30.00	239,639	42,412	1.00	
2.00		54.00	88,190	15,608	2.00	
	TOTALS		327,829	58,020		
L - MARKETING						
1.00	ADMINISTRATIVE & GENERAL	5.00	159,706	2,035,844	1.00	
	TOTALS		159,706	2,035,844		
M - DRUGS CHARGED						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,557,123	1.00	
	TOTALS		0	9,557,123		
N - RENT						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	593,576	1.00	
2.00		2.00	0	4,445,882	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	0	10.00	
11.00			0	0	11.00	
12.00			0	0	12.00	
13.00			0	0	13.00	
	TOTALS		0	5,039,458		
O - SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	15,737,752	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,578,227	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	

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
	TOTALS		0	25,315,979		
	P - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,077,807		1.00
	TOTALS		0	7,077,807		
	Q - LAB					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	319,073		1.00
	TOTALS		0	319,073		
	R - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	3,135,052	0		1.00
	TOTALS		3,135,052	0		
500.00	Grand Total: Increases		4,470,721	55,151,847		500.00

RECLASSIFICATIONS

Provider CCN: 150018

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

Worksheet A-6
Date/Time Prepared:
5/24/2012 1:51 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	182,518	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	182,518			
B - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	2,107,045	11		1.00
	TOTALS		0	2,107,045			
C - DIETARY							
1.00	DIETARY	10.00	615,048	1,099,833	0		1.00
	TOTALS		615,048	1,099,833			
D - CASE MANAGEMENT							
1.00	SOCIAL SERVICE	17.00	72,333	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		72,333	0			
E - SERVICE CONTRACTS							
1.00	OPERATION OF PLANT	7.00	0	2,046,507	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
	TOTALS		0	2,046,507			
F - HOME CARE							
1.00	HOME HEALTH AGENCY	101.00	0	57,267	0		1.00
	TOTALS		0	57,267			
G - PHYSICIAN PRACTICES							
1.00		7.00	0	47,311	0		1.00
	TOTALS		0	47,311			
H - NURSERY							
1.00		30.00	103,486	265,329	0		1.00
	TOTALS		103,486	265,329			
I - ONCOLOGY							
1.00		13.00	327,829	58,020	0		1.00
2.00							2.00
	TOTALS		327,829	58,020			
L - MARKETING							
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	159,706	2,035,844	0		1.00
	TOTALS		159,706	2,035,844			
M - DRUGS CHARGED							
1.00		15.00	0	9,557,123	0		1.00
	TOTALS		0	9,557,123			
N - RENT							
1.00		4.00		3,500	10		1.00
2.00		5.00		3,439,589	10		2.00
3.00		7.00		2,773	1		3.00
4.00		15.00		102,431	0		4.00
5.00		16.00		423,037	0		5.00
6.00		54.00		372,557	0		6.00
7.00		54.02		14,500	0		7.00
8.00		54.03		69,751	0		8.00
9.00		65.00		1,644	0		9.00
10.00		96.00		100,149	0		10.00
11.00		192.00		380,996	0		11.00
12.00		192.01		4,100	0		12.00
13.00		192.02		124,431	0		13.00
	TOTALS		0	5,039,458			
O - SUPPLIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	84	0		1.00
2.00	DIETARY	10.00	0	146	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	76	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	16	0		4.00
5.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	2,454	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	848,612	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	334,261	0		7.00
8.00	NURSERY INTENSIVE CARE	31.01	0	56,444	0		8.00
9.00	SUBPROVIDER - IPF	40.00	0	4,581	0		9.00

RECLASSIFICATIONS

Provider CCN: 150018

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

Worksheet A-6

Date/Time Prepared:
5/24/2012 1:51 pm

		Decreases							
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.				
6.00		7.00	8.00	9.00	10.00				
10.00	SUBPROVIDER - IRF	41.00	0	14,684	0				10.00
11.00	NURSERY	43.00	0	63	0				11.00
12.00	OPERATING ROOM	50.00	0	17,137,906	0				12.00
13.00	RECOVERY ROOM	51.00	0	211,463	0				13.00
14.00	ANESTHESIOLOGY	53.00	0	356,581	0				14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,507	0				15.00
16.00	INTERVENTIONAL RADIOLOGY	54.01	0	85,078	0				16.00
17.00	RADIATION ONCOLOGY	54.03	0	7,533	0				17.00
18.00	RADIOISOTOPE	56.00	0	955	0				18.00
19.00	ULTRASOUND	56.01	0	727	0				19.00
20.00	CT SCAN	57.00	0	11,146	0				20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	6,654	0				21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	4,975,351	0				22.00
23.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	46	0				23.00
24.00	INTRAVENOUS THERAPY	64.00	0	355,488	0				24.00
25.00	HOME INFUSION	64.01	0	34,299	0				25.00
26.00	RESPIRATORY THERAPY	65.00	0	19,142	0				26.00
27.00	PHYSICAL THERAPY	66.00	0	334	0				27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	456	0				28.00
29.00	CLINIC	90.00	0	513	0				29.00
30.00	EMERGENCY	91.00	0	368,573	0				30.00
31.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	246,765	0				31.00
32.00	HOME HEALTH AGENCY	101.00	0	43,129	0				32.00
33.00	HOSPICE	116.00	0	10	0				33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	64	0				34.00
35.00	HOSPITAL BASED CLINIC	192.01	0	189,838	0				35.00
	TOTALS		0	25,315,979					
P - DEPRECIATION									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,077,807	9				1.00
	TOTALS		0	7,077,807					
Q - LAB									
1.00	LABORATORY	60.00	0	319,073	14				1.00
	TOTALS		0	319,073					
R - PHARMACY									
1.00	PHARMACY	15.00	3,135,052	0	0				1.00
	TOTALS		3,135,052	0					
500.00	Grand Total: Decreases		4,413,454	55,209,114					500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150018

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		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	0	0	0	0	0	1.00
2.00	Land Improvements	6,384,363	10,763	0	10,763	47,474	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	3.00
4.00	Building Improvements	175,184,410	6,548,575	0	6,548,575	2,966,915	4.00
5.00	Fixed Equipment	3,313,115	26,379	0	26,379	0	5.00
6.00	Movable Equipment	110,977,539	10,051,011	0	10,051,011	5,638,717	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	295,859,427	16,636,728	0	16,636,728	8,653,106	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	295,859,427	16,636,728	0	16,636,728	8,653,106	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	17,540,513	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,540,513	0	0	0	0	3.00
COMPUTATION OF RATIOS					ALLOCATION OF OTHER CAPITAL		
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	150,206,060	0	150,206,060	0.593208	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	103,003,525	0	103,003,525	0.406792	0	2.00
3.00	Total (sum of lines 1-2)	253,209,585	0	253,209,585	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150018

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0			1.00	
2.00	Land Improvements	6,347,652	0			2.00	
3.00	Buildings and Fixtures	0	0			3.00	
4.00	Building Improvements	178,766,070	0			4.00	
5.00	Fixed Equipment	3,339,494	0			5.00	
6.00	Movable Equipment	115,389,833	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	303,843,049	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	303,843,049	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	17,540,513			2.00	
3.00	Total (sum of lines 1-2)	0	17,540,513			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	7,157,070	593,576	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,542,288	4,445,882	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,699,358	5,039,458	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150018

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,107,045	171,139	0	0	10,028,830	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	11,379	0	319,073	15,318,622	2.00
3.00	Total (sum of lines 1-2)	2,107,045	182,518	0	319,073	25,347,452	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150018

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

Worksheet A-8

Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
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)		0			0.00	7.00
8.00 Television and radio service (chapter 21)		0			0.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,975,937				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	0				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests	B	-1,287,111	CAFETERIA		11.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients	B	-160,959	PHARMACY		15.00	17.00
18.00 Sale of medical records and abstracts	B	-101,998	MEDICAL RECORDS & LIBRARY		16.00	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)			OUTILIZATION 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			0*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0			0.00	32.00
33.00 TELEVISION EXPENSE	A	-29,729	ADMINISTRATIVE & GENERAL		5.00	33.00
33.01 PHYSICIAN RECRUITMENT	A	-182,044	ADMINISTRATIVE & GENERAL		5.00	33.01
33.02 MEALS ON WHEELS EXPENSE	A	-254,744	DIETARY		10.00	33.02
33.03 LOBBYING EXPENSES	A	-42,020	ADMINISTRATIVE & GENERAL		5.00	33.03
33.04 INTEREST RECEIVED ON A/R	A	-12,388	ADMINISTRATIVE & GENERAL		5.00	33.04
33.05 NSF CHARGES	A	-760	ADMINISTRATIVE & GENERAL		5.00	33.05
33.06 DELI ARCADE	A	-278,082	CAFETERIA		11.00	33.06
33.07 MEDICAL STAFF DUES	B	-106,145	ADMINISTRATIVE & GENERAL		5.00	33.07
33.08 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	33.08
33.09 PAYPHONE REVENUE	B	-538	ADMINISTRATIVE & GENERAL		5.00	33.09
33.10 COMMUNICATIONS	B	-6,348	ADMINISTRATIVE & GENERAL		5.00	33.10
33.11 ADVOCACY REVENUE	B	-273,239	ADMINISTRATIVE & GENERAL		5.00	33.11
33.12 EMS REVENUE	B	-244,243	PARAMEDICAL PRGM-(SPECIFY)		23.00	33.12
33.13 MANAGED CARE REVENUE	B	-135,744	ADMINISTRATIVE & GENERAL		5.00	33.13
33.14 CATERING REVENUE	B	-6,557	CAFETERIA		11.00	33.14
33.15		0			0.00	33.15
33.16 ENVIRONMENTAL SERVICES	B	-2,400	HOUSEKEEPING		9.00	33.16
33.17 PLANT MAINT. MISC. REVENUE	B	-28,072	OPERATION OF PLANT		7.00	33.17
33.18 RIVERPOINT PLANT MAINT.	B	-62,458	OPERATION OF PLANT		7.00	33.18
33.19 PHYSICAL THERAPY MISC. REVENUE	B	-2,552	PHYSICAL THERAPY		66.00	33.19
33.20 RESPIRATORY RIVERPOINT REVENUE	B	-20	RESPIRATORY THERAPY		65.00	33.20
33.21 CCL - CARDIOVASCULAR LAB REVENUE	B	-963	ELECTROCARDIOLOGY		69.00	33.21

ADJUSTMENTS TO EXPENSES

Provider CCN: 150018

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

Worksheet A-8

Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center		
			1.00	2.00	
33.22 IMAGING SERVICES REVENUE	B	-3,578	RADIOLOGY-DIAGNOSTIC	54.00	33.22
33.23		0		0.00	33.23
33.24 DIAGNOSTIC CARDIOLOGY MISC. REVENUE	B	-300	RESPIRATORY THERAPY	65.00	33.24
33.25 NURSING ADMIN. MISC. REVENUE	B	-500	NURSING ADMINISTRATION	13.00	33.25
33.26 COMPLEMENTARY TAXI EXPENSE	A	-63,676	SOCIAL SERVICE	17.00	33.26
33.27 INVESTMENT INCOME	B	10,914	CAP REL COSTS-BLDG & FIXT	1.00	33.27
33.28 1998 RE-LIFING ADJUSTMENT	A	14,544	CAP REL COSTS-MVBLE EQUIP	2.00	33.28
33.29 AHA 89/90 CARRYFORWARD	A	68,349	CAP REL COSTS-BLDG & FIXT	1.00	33.29
33.30 1998 EXCESS DEPRECIATION	A	988	CAP REL COSTS-MVBLE EQUIP	2.00	33.30
33.31 89/90 AHA LIVES	A	30,270	CAP REL COSTS-MVBLE EQUIP	2.00	33.31
33.32 1989 AHA LIVES	A	17,138	CAP REL COSTS-MVBLE EQUIP	2.00	33.32
33.33 1990 AHA LIVES	A	16,642	CAP REL COSTS-MVBLE EQUIP	2.00	33.33
33.34 MISC. NUTRITIONAL SERVICES REVENUE	B	-468	DIETARY	10.00	33.34
33.35 LACTATION SUPPLIES SALES REVENUE	B	-2,099	DELIVERY ROOM & LABOR ROOM	52.00	33.35
33.36 WOMENS' SERVICES MISC. REVENUE	B	-63,087	CLINIC	90.00	33.36
33.37 PHYSICIAN GUARANTEE	A	-4,232,342	ANESTHESIOLOGY	53.00	33.37
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,402,256			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150018

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

Worksheet A-8

Date/Time Prepared:
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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	TELEVISION EXPENSE	0	33.00
33.01	PHYSICIAN RECRUITMENT	0	33.01
33.02	MEALS ON WHEELS EXPENSE	0	33.02
33.03	LOBBYING EXPENSES	0	33.03
33.04	INTEREST RECEIVED ON A/R	0	33.04
33.05	NSF CHARGES	0	33.05
33.06	DELI ARCADE	0	33.06
33.07	MEDICAL STAFF DUES	0	33.07
33.08	OTHER ADJUSTMENTS (SPECIFY)	0	33.08
33.09	PAYPHONE REVENUE	0	33.09
33.10	COMMUNICATIONS	0	33.10
33.11	ADVOCACY REVENUE	0	33.11
33.12	EMS REVENUE	0	33.12
33.13	MANAGED CARE REVENUE	0	33.13
33.14	CATERING REVENUE	0	33.14
33.15		0	33.15
33.16	ENVIRONMENTAL SERVICES	0	33.16
33.17	PLANT MAINT. MISC. REVENUE	0	33.17
33.18	RIVERPOINT PLANT MAINT.	0	33.18
33.19	PHYSICAL THERAPY MISC. REVENUE	0	33.19
33.20	RESPIRATORY RIVERPOINT REVENUE	0	33.20
33.21	CCL - CARDIOVASCULAR LAB REVENUE	0	33.21
33.22	IMAGING SERVICES REVENUE	0	33.22
33.23		0	33.23
33.24	DIAGNOSTIC CARDIOLOGY MISC. REVENUE	0	33.24
33.25	NURSING ADMIN. MISC. REVENUE	0	33.25
33.26	COMPLEMENTARY TAXI EXPENSE	11	33.26
33.27	INVESTMENT INCOME	9	33.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 150018

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.28	1998 RE-LIFING ADJUSTMENT	9	33.28
33.29	AHA 89/90 CARRYFORWARD	9	33.29
33.30	1998 EXCESS DEPRECIATION	9	33.30
33.31	89/90 AHA LIVES	9	33.31
33.32	1989 AHA LIVES	9	33.32
33.33	1990 AHA LIVES	9	33.33
33.34	MISC. NUTRITIONAL SERVICES REVENUE	0	33.34
33.35	LACTATION SUPPLIES SALES REVENUE	0	33.35
33.36	WOMENS' SERVICES MISC. REVENUE	0	33.36
33.37	PHYSICIAN GUARANTEE	0	33.37
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150018

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

Worksheet A-8-2

Date/Time Prepared:
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	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00		5.00ADMINISTRATIVE & GENERAL	4,320	0	1.00
2.00		5.00ADMINISTRATIVE & GENERAL	10,000	0	2.00
3.00		4.00EMPLOYEE BENEFITS	15,000	0	3.00
4.00		66.00PHYSICAL THERAPY	6,000	0	4.00
5.00		69.00ELECTROCARDIOLOGY	830	0	5.00
6.00		69.00ELECTROCARDIOLOGY	798	0	6.00
7.00		65.00RESPIRATORY THERAPY	7,200	0	7.00
8.00		65.00RESPIRATORY THERAPY	25,000	0	8.00
9.00		50.00OPERATING ROOM	9,600	0	9.00
10.00		65.00RESPIRATORY THERAPY	11,190	0	10.00
11.00		59.00CARDIAC CATHETERIZATION	10,511	0	11.00
12.00		54.00RADIOLOGY-DIAGNOSTIC	2,500	0	12.00
13.00		91.00EMERGENCY	167,771	0	13.00
14.00		30.00ADULTS & PEDIATRICS	6,570	0	14.00
15.00		30.00ADULTS & PEDIATRICS	13,775	0	15.00
16.00		30.00ADULTS & PEDIATRICS	1,512,752	1,512,752	16.00
17.00		31.00INTENSIVE CARE UNIT	354,300	354,300	17.00
200.00			2,158,117	1,867,052	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150018

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

Worksheet A-8-2

Date/Time Prepared:
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	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	4,320	171,400	32	2,637	132	1.00
2.00	10,000	171,400	143	11,784	589	2.00
3.00	15,000	204,100	159	15,602	780	3.00
4.00	6,000	171,400	127	10,465	523	4.00
5.00	830	171,400	4	330	17	5.00
6.00	798	171,400	6	494	25	6.00
7.00	7,200	171,400	164	13,514	676	7.00
8.00	25,000	171,400	197	16,234	812	8.00
9.00	9,600	204,100	166	16,289	814	9.00
10.00	11,190	171,400	53	4,367	218	10.00
11.00	10,511	171,400	65	5,356	268	11.00
12.00	2,500	231,100	116	12,888	644	12.00
13.00	167,771	154,100	1,243	92,090	4,605	13.00
14.00	6,570	154,100	37	2,741	137	14.00
15.00	13,775	154,100	103	7,631	382	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
200.00	291,065		2,615	212,422	10,622	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150018

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

Worksheet A-8-2

Date/Time Prepared:
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	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	2,637	1.00
2.00	0	0	0	0	11,784	2.00
3.00	0	0	0	0	15,602	3.00
4.00	0	0	0	0	10,465	4.00
5.00	0	0	0	0	330	5.00
6.00	0	0	0	0	494	6.00
7.00	0	0	0	0	13,514	7.00
8.00	0	0	0	0	16,234	8.00
9.00	0	0	0	0	16,289	9.00
10.00	0	0	0	0	4,367	10.00
11.00	0	0	0	0	5,356	11.00
12.00	0	0	0	0	12,888	12.00
13.00	0	0	0	0	92,090	13.00
14.00	0	0	0	0	2,741	14.00
15.00	0	0	0	0	7,631	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
200.00	0	0	0	0	212,422	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150018

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2012 1:51 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	1,683	1,683	1.00
2.00	0	0	2.00
3.00	0	0	3.00
4.00	0	0	4.00
5.00	500	500	5.00
6.00	304	304	6.00
7.00	0	0	7.00
8.00	8,766	8,766	8.00
9.00	0	0	9.00
10.00	6,823	6,823	10.00
11.00	5,155	5,155	11.00
12.00	0	0	12.00
13.00	75,681	75,681	13.00
14.00	3,829	3,829	14.00
15.00	6,144	6,144	15.00
16.00	0	1,512,752	16.00
17.00	0	354,300	17.00
200.00	108,885	1,975,937	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2012 1:51 pm

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	10,028,830	10,028,830				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	15,318,622		15,318,622			2.00
4.00 EMPLOYEE BENEFITS	32,358,562	30,095	14,045	32,402,702		4.00
5.00 ADMINISTRATIVE & GENERAL	22,460,753	632,860	3,593,666	3,643,672	30,330,951	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	6,383,655	1,962,916	1,373,961	537,003	10,257,535	7.00
8.00 LAUNDRY & LINEN SERVICE	2,255,869	206,377	7,873	400,639	2,870,758	8.00
9.00 HOUSEKEEPING	2,138,650	62,436	36,490	591,470	2,829,046	9.00
10.00 DIETARY	1,716,144	26,247	9,863	636,317	2,388,571	10.00
11.00 CAFETERIA	439,950	193,215	59,140	46,896	739,201	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	5,160,909	22,540	55,437	1,568,523	6,807,409	13.00
14.00 CENTRAL SERVICES & SUPPLY	813,408	101,296	24,571	226,054	1,165,329	14.00
15.00 PHARMACY	74,684	36,299	377,012	1,216,469	1,704,464	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,987,437	67,949	30,554	691,507	2,777,447	16.00
17.00 SOCIAL SERVICE	1,148,991	10,367	1,448	307,022	1,467,828	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00 PARAMED ED PRGM-(SPECIFY)	-9,046	3,927	27,583	54,040	76,504	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	13,268,041	1,654,285	803,838	5,239,372	20,965,536	30.00
31.00 INTENSIVE CARE UNIT	3,949,229	182,942	43,426	1,363,791	5,539,388	31.00
31.01 NURSERY INTENSIVE CARE	522,135	36,598	12,291	185,738	756,762	31.01
40.00 SUBPROVIDER - IPF	1,141,432	171,539	58,326	388,618	1,759,915	40.00
41.00 SUBPROVIDER - IRF	1,165,337	149,486	27,660	390,410	1,732,893	41.00
43.00 NURSERY	1,299,865	157,496	56,798	300,537	1,814,696	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	7,770,794	769,356	1,271,718	1,887,838	11,699,706	50.00
51.00 RECOVERY ROOM	2,043,807	166,167	204,124	719,117	3,133,215	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,093,761	188,848	68,104	350,102	1,700,815	52.00
53.00 ANESTHESIOLOGY	245,055	8,953	135,889	10,366	400,263	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,258,928	181,623	2,193,388	674,251	5,308,190	54.00
54.01 INTERVENTIONAL RADIOLOGY	1,216,754	33,849	359,360	185,620	1,795,583	54.01
54.02 BREAST CENTER	866,269	53,279	108,735	212,571	1,240,854	54.02
54.03 RADIATION ONCOLOGY	1,499,293	213,194	354,004	376,362	2,442,853	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	699,634	24,786	7,754	78,775	810,949	56.00
56.01 ULTRASOUND	1,236,828	7,602	84,341	213,262	1,542,033	56.01
57.00 CT SCAN	1,131,724	111,506	185,721	255,174	1,684,125	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	658,217	56,342	30,553	135,799	880,911	58.00
59.00 CARDIAC CATHETERIZATION	2,635,508	71,185	1,347,525	385,087	4,439,305	59.00
60.00 LABORATORY	10,063,599	85,275	5,626	0	10,154,500	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	1,849,732	0	618	0	1,850,350	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	1,049,203	34,901	4,347	363,469	1,451,920	64.00
64.01 HOME INFUSION	514,124	0	5,337	84,568	604,029	64.01
65.00 RESPIRATORY THERAPY	3,454,639	102,615	186,476	1,056,190	4,799,920	65.00
66.00 PHYSICAL THERAPY	1,022,754	75,709	25,380	364,351	1,488,194	66.00
67.00 OCCUPATIONAL THERAPY	520,611	38,121	11,847	188,320	758,899	67.00
68.00 SPEECH PATHOLOGY	238,760	23,121	809	82,006	344,696	68.00
69.00 ELECTROCARDIOLOGY	174,692	52,305	31,634	61,174	319,805	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,737,752	0	0	0	15,737,752	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	9,578,227	0	0	0	9,578,227	72.00
73.00 DRUGS CHARGED TO PATIENTS	12,692,175	0	0	0	12,692,175	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
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	753,571	83,987	27,149	245,519	1,110,226	90.00
91.00 EMERGENCY	4,261,915	222,352	713,921	1,434,510	6,632,698	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2012 1:51 pm

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	
96.00 DURABLE MEDICAL EQUIP-RENTED	539,774	0	35,858	119,964	695,596	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
101.00 HOME HEALTH AGENCY	1,788,105	143,046	17,728	573,322	2,522,201	101.00
SPECIAL PURPOSE COST CENTERS						
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	-10	0	0	0	-10	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	211,219,652	8,456,992	14,031,928	27,845,795	203,804,213	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	16,217,847	420,011	1,207,849	4,111,973	21,957,680	192.00
192.01 HOSPITAL BASED CLINIC	779,291	78,945	10,749	221,348	1,090,333	192.01
192.02 OUTPATIENT PSYCH	1,750,027	0	27,280	0	1,777,307	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	3,571,983	1,072,882	40,816	223,586	4,909,267	194.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	233,538,800	10,028,830	15,318,622	32,402,702	233,538,800	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150018		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/24/2012 1:51 pm	
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	30,330,951					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	1,531,050	0	11,788,585			7.00
8.00	LAUNDRY & LINEN SERVICE	428,492	0	328,638	3,627,888		8.00
9.00	HOUSEKEEPING	422,266	0	99,424	0	3,350,736	9.00
10.00	DIETARY	356,520	0	41,796	0	1,038	10.00
11.00	CAFETERIA	110,334	0	307,678	0	39,057	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,016,081	0	35,893	0	12,043	13.00
14.00	CENTRAL SERVICES & SUPPLY	173,938	0	161,305	78,499	19,269	14.00
15.00	PHARMACY	254,410	0	57,804	0	24,087	15.00
16.00	MEDICAL RECORDS & LIBRARY	414,565	0	108,204	0	16,008	16.00
17.00	SOCIAL SERVICE	219,089	0	16,508	0	6,930	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00	PARAMED ED PRGM-(SPECIFY)	11,419	0	6,253	0	1,556	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,129,337	0	2,634,312	1,535,443	1,159,120	30.00
31.00	INTENSIVE CARE UNIT	826,815	0	291,320	239,406	113,800	31.00
31.01	NURSERY INTENSIVE CARE	112,955	0	58,279	46,008	21,196	31.01
40.00	SUBPROVIDER - IPF	262,687	0	273,161	35,762	79,004	40.00
41.00	SUBPROVIDER - IRF	258,653	0	238,043	132,876	79,004	41.00
43.00	NURSERY	270,863	0	250,800	88,686	89,268	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,746,310	0	1,225,134	126,045	334,729	50.00
51.00	RECOVERY ROOM	467,667	0	264,607	207,970	66,071	51.00
52.00	DELIVERY ROOM & LABOR ROOM	253,865	0	300,724	106,341	107,018	52.00
53.00	ANESTHESIOLOGY	59,744	0	14,257	0	4,817	53.00
54.00	RADIOLOGY-DIAGNOSTIC	792,306	0	289,219	54,801	15,304	54.00
54.01	INTERVENTIONAL RADIOLOGY	268,011	0	53,902	18,047	9,635	54.01
54.02	BREAST CENTER	185,211	0	84,842	64,904	28,904	54.02
54.03	RADIATION ONCOLOGY	364,623	0	339,494	53,820	28,904	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	121,043	0	39,470	32,151	9,635	56.00
56.01	ULTRASOUND	230,165	0	12,106	100,887	5,447	56.01
57.00	CT SCAN	251,374	0	177,563	54,812	13,970	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	131,486	0	89,720	54,812	9,561	58.00
59.00	CARDIAC CATHETERIZATION	662,615	0	113,356	22,118	54,176	59.00
60.00	LABORATORY	1,515,671	0	135,792	0	28,904	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	276,185	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	216,715	0	55,578	7,500	32,795	64.00
64.01	HOME INFUSION	90,158	0	0	0	10,672	64.01
65.00	RESPIRATORY THERAPY	716,441	0	163,406	0	30,460	65.00
66.00	PHYSICAL THERAPY	222,129	0	120,560	23,277	19,269	66.00
67.00	OCCUPATIONAL THERAPY	113,274	0	60,705	0	1,556	67.00
68.00	SPEECH PATHOLOGY	51,450	0	36,818	0	9,635	68.00
69.00	ELECTROCARDIOLOGY	47,734	0	83,291	31,821	9,635	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,349,033	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1,429,656	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,894,447	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
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	165,713	0	133,741	0	20,566	90.00
91.00	EMERGENCY	990,003	0	354,076	462,877	327,503	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	103,825	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
101.00	HOME HEALTH AGENCY	376,466	0	227,788	0	56,325	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS						
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)	25,892,794	0	9,285,567	3,578,863	2,896,871	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	3,277,368	0	668,832	49,025	44,319	192.00
192.01 HOSPITAL BASED CLINIC	162,744	0	125,712	0	38,168	192.01
192.02 OUTPATIENT PSYCH	265,283	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	732,762	0	1,708,474	0	371,378	194.00
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)	30,330,951	0	11,788,585	3,627,888	3,350,736	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
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	2,787,925					10.00
11.00 CAFETERIA	0	1,196,270				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	69,665	0	7,941,091		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	16,813	0	0	1,615,153	14.00
15.00 PHARMACY	0	42,660	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	42,966	0	0	821	16.00
17.00 SOCIAL SERVICE	0	11,900	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	2,711	0	0	3,695	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,244,772	268,274	0	3,748,922	29,494	30.00
31.00 INTENSIVE CARE UNIT	192,901	56,434	0	900,372	7,449	31.00
31.01 NURSERY INTENSIVE CARE	0	8,235	0	182,240	931	31.01
40.00 SUBPROVIDER - IPF	133,137	19,260	0	0	611	40.00
41.00 SUBPROVIDER - IRF	217,115	19,523	0	60,644	1,149	41.00
43.00 NURSERY	0	13,176	0	199,008	1,302	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	89,755	0	707,017	66,900	50.00
51.00 RECOVERY ROOM	0	30,721	0	496,120	3,887	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	15,452	0	247,031	1,960	52.00
53.00 ANESTHESIOLOGY	0	894	0	0	5,235	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	35,814	0	0	2,332	54.00
54.01 INTERVENTIONAL RADIOLOGY	0	6,850	0	0	34,790	54.01
54.02 BREAST CENTER	0	10,447	0	0	5,457	54.02
54.03 RADIATION ONCOLOGY	0	10,714	0	0	2,102	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	3,400	0	0	370	56.00
56.01 ULTRASOUND	0	8,626	0	0	1,109	56.01
57.00 CT SCAN	0	11,330	0	0	10,203	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	5,633	0	0	5,402	58.00
59.00 CARDIAC CATHETERIZATION	0	16,185	0	127,705	61,439	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	90,091	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	14,710	0	300,686	868	64.00
64.01 HOME INFUSION	0	2,861	0	0	454	64.01
65.00 RESPIRATORY THERAPY	0	49,250	0	32,231	13,451	65.00
66.00 PHYSICAL THERAPY	0	15,285	0	0	531	66.00
67.00 OCCUPATIONAL THERAPY	0	7,942	0	0	180	67.00
68.00 SPEECH PATHOLOGY	0	3,275	0	0	277	68.00
69.00 ELECTROCARDIOLOGY	0	2,617	0	45,404	255	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,220,989	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
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	7,609	0	39,125	4,258	90.00
91.00 EMERGENCY	0	80,125	0	848,541	11,353	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	8,495	0	0	1,627	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
101.00 HOME HEALTH AGENCY	0	0	0	0	967	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B
Part I
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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS						
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	32	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,787,925	1,009,607	0	7,935,046	1,591,971	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	146,806	0	0	17,379	192.00
192.01 HOSPITAL BASED CLINIC	0	10,549	0	6,045	1,983	192.01
192.02 OUTPATIENT PSYCH	0	16,926	0	0	1,682	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	12,382	0	0	2,138	194.00
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)	2,787,925	1,196,270	0	7,941,091	1,615,153	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	PARAMED PRGM	
	15.00	16.00	17.00	18.00	23.00	
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
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	2,083,425					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	3,360,011				16.00
17.00 SOCIAL SERVICE	0	0	1,722,255			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	0	102,138	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	372,197	1,420,556	0	40,854	30.00
31.00 INTENSIVE CARE UNIT	0	81,805	106,321	0	0	31.00
31.01 NURSERY INTENSIVE CARE	0	13,666	0	0	0	31.01
40.00 SUBPROVIDER - IPF	0	20,133	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	27,626	0	0	0	41.00
43.00 NURSERY	0	20,487	195,378	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	358,014	0	0	0	50.00
51.00 RECOVERY ROOM	0	75,590	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	24,544	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	65,030	0	0	20,428	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	71,623	0	0	0	54.00
54.01 INTERVENTIONAL RADIOLOGY	0	39,529	0	0	0	54.01
54.02 BREAST CENTER	0	25,779	0	0	0	54.02
54.03 RADIATION ONCOLOGY	0	82,865	0	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	28,219	0	0	0	56.00
56.01 ULTRASOUND	0	35,116	0	0	0	56.01
57.00 CT SCAN	0	200,127	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	53,575	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	181,933	0	0	0	59.00
60.00 LABORATORY	0	228,322	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	53,770	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	16,456	0	0	0	64.00
64.01 HOME INFUSION	0	6,897	0	0	0	64.01
65.00 RESPIRATORY THERAPY	0	128,483	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	20,943	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	13,998	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	5,214	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	2,395	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	570,920	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	2,083,425	295,899	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
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	20,398	0	0	0	90.00
91.00 EMERGENCY	0	176,424	0	0	20,428	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	12,442	0	0	20,428	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

Period:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	PARAMED PRGM	
	15.00	16.00	17.00	18.00	23.00	
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
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)	2,083,425	3,330,419	1,722,255	0	102,138	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	29,361	0	0	0	192.00
192.01 HOSPITAL BASED CLINIC	0	231	0	0	0	192.01
192.02 OUTPATIENT PSYCH	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
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)	2,083,425	3,360,011	1,722,255	0	102,138	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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To 12/31/2011

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	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
12.00	MAINTENANCE OF PERSONNEL				12.00
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
18.00	OTHER GENERAL SERVICE (SPECIFY)				18.00
23.00	PARAMED PRGM-(SPECIFY)				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	37,548,817	0	37,548,817	30.00
31.00	INTENSIVE CARE UNIT	8,356,011	0	8,356,011	31.00
31.01	NURSERY INTENSIVE CARE	1,200,272	0	1,200,272	31.01
40.00	SUBPROVIDER - IRF	2,583,670	0	2,583,670	40.00
41.00	SUBPROVIDER - IRF	2,767,526	0	2,767,526	41.00
43.00	NURSERY	2,943,664	0	2,943,664	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	16,353,610	0	16,353,610	50.00
51.00	RECOVERY ROOM	4,745,848	0	4,745,848	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,757,750	0	2,757,750	52.00
53.00	ANESTHESIOLOGY	570,668	0	570,668	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,569,589	0	6,569,589	54.00
54.01	INTERVENTIONAL RADIOLOGY	2,226,347	0	2,226,347	54.01
54.02	BREAST CENTER	1,646,398	0	1,646,398	54.02
54.03	RADIATION ONCOLOGY	3,325,375	0	3,325,375	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	RADIOISOTOPE	1,045,237	0	1,045,237	56.00
56.01	ULTRASOUND	1,935,489	0	1,935,489	56.01
57.00	CT SCAN	2,403,504	0	2,403,504	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,231,100	0	1,231,100	58.00
59.00	CARDIAC CATHETERIZATION	5,678,832	0	5,678,832	59.00
60.00	LABORATORY	12,063,189	0	12,063,189	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	2,270,396	0	2,270,396	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	2,097,228	0	2,097,228	64.00
64.01	HOME INFUSION	715,071	0	715,071	64.01
65.00	RESPIRATORY THERAPY	5,933,642	0	5,933,642	65.00
66.00	PHYSICAL THERAPY	1,910,188	0	1,910,188	66.00
67.00	OCCUPATIONAL THERAPY	956,554	0	956,554	67.00
68.00	SPEECH PATHOLOGY	451,365	0	451,365	68.00
69.00	ELECTROCARDIOLOGY	542,957	0	542,957	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,878,694	0	19,878,694	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	11,007,883	0	11,007,883	72.00
73.00	DRUGS CHARGED TO PATIENTS	16,965,946	0	16,965,946	73.00
74.00	RENAL DIALYSIS	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	1,501,636	0	1,501,636	90.00
91.00	EMERGENCY	9,904,028	0	9,904,028	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	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	842,413	0	842,413	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

Period:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
101.00	HOME HEALTH AGENCY	3,183,747	0	3,183,747	101.00
SPECIAL PURPOSE COST CENTERS					
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	22	0	22	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	196,114,666	0	196,114,666	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	26,190,770	0	26,190,770	192.00
192.01	HOSPITAL BASED CLINIC	1,435,765	0	1,435,765	192.01
192.02	OUTPATIENT PSYCH	2,061,198	0	2,061,198	192.02
193.00	NONPAID WORKERS	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	7,736,401	0	7,736,401	194.00
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	233,538,800	0	233,538,800	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

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Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	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	30,095	14,045	44,140	44,140
5.00	ADMINISTRATIVE & GENERAL	0	632,860	3,593,666	4,226,526	4,961
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	0	1,962,916	1,373,961	3,336,877	731
8.00	LAUNDRY & LINEN SERVICE	0	206,377	7,873	214,250	545
9.00	HOUSEKEEPING	0	62,436	36,490	98,926	805
10.00	DIETARY	0	26,247	9,863	36,110	866
11.00	CAFETERIA	0	193,215	59,140	252,355	64
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	0	22,540	55,437	77,977	2,136
14.00	CENTRAL SERVICES & SUPPLY	0	101,296	24,571	125,867	308
15.00	PHARMACY	0	36,299	377,012	413,311	1,656
16.00	MEDICAL RECORDS & LIBRARY	0	67,949	30,554	98,503	942
17.00	SOCIAL SERVICE	0	10,367	1,448	11,815	418
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
23.00	PARAMED ED PRGM-(SPECIFY)	0	3,927	27,583	31,510	74
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,654,285	803,838	2,458,123	7,159
31.00	INTENSIVE CARE UNIT	0	182,942	43,426	226,368	1,857
31.01	NURSERY INTENSIVE CARE	0	36,598	12,291	48,889	253
40.00	SUBPROVIDER - IPF	0	171,539	58,326	229,865	529
41.00	SUBPROVIDER - IRF	0	149,486	27,660	177,146	532
43.00	NURSERY	0	157,496	56,798	214,294	409
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	769,356	1,271,718	2,041,074	2,570
51.00	RECOVERY ROOM	0	166,167	204,124	370,291	979
52.00	DELIVERY ROOM & LABOR ROOM	0	188,848	68,104	256,952	477
53.00	ANESTHESIOLOGY	0	8,953	135,889	144,842	14
54.00	RADIOLOGY-DIAGNOSTIC	0	181,623	2,193,388	2,375,011	918
54.01	INTERVENTIONAL RADIOLOGY	0	33,849	359,360	393,209	253
54.02	BREAST CENTER	0	53,279	108,735	162,014	289
54.03	RADIATION ONCOLOGY	0	213,194	354,004	567,198	512
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	RADIOISOTOPE	0	24,786	7,754	32,540	107
56.01	ULTRASOUND	0	7,602	84,341	91,943	290
57.00	CT SCAN	0	111,506	185,721	297,227	347
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	56,342	30,553	86,895	185
59.00	CARDIAC CATHETERIZATION	0	71,185	1,347,525	1,418,710	524
60.00	LABORATORY	0	85,275	5,626	90,901	0
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	618	618	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	INTRAVENOUS THERAPY	0	34,901	4,347	39,248	495
64.01	HOME INFUSION	0	0	5,337	5,337	115
65.00	RESPIRATORY THERAPY	0	102,615	186,476	289,091	1,438
66.00	PHYSICAL THERAPY	0	75,709	25,380	101,089	496
67.00	OCCUPATIONAL THERAPY	0	38,121	11,847	49,968	256
68.00	SPEECH PATHOLOGY	0	23,121	809	23,930	112
69.00	ELECTROCARDIOLOGY	0	52,305	31,634	83,939	83
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	83,987	27,149	111,136	334
91.00	EMERGENCY	0	222,352	713,921	936,273	1,953
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	AMBULANCE SERVICES	0	0	0	0	0
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	35,858	35,858	163

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

Period:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
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
101.00 HOME HEALTH AGENCY	0	143,046	17,728	160,774	781	101.00
SPECIAL PURPOSE COST CENTERS						
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)	0	8,456,992	14,031,928	22,488,920	37,936	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	420,011	1,207,849	1,627,860	5,599	192.00
192.01 HOSPITAL BASED CLINIC	0	78,945	10,749	89,694	301	192.01
192.02 OUTPATIENT PSYCH	0	0	27,280	27,280	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	1,072,882	40,816	1,113,698	304	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	10,028,830	15,318,622	25,347,452	44,140	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150018		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/24/2012 1:51 pm	
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	4,231,487					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	213,593	0	3,551,201			7.00
8.00	LAUNDRY & LINEN SERVICE	59,778	0	98,999	373,572		8.00
9.00	HOUSEKEEPING	58,909	0	29,951	0	188,591	9.00
10.00	DIETARY	49,737	0	12,591	0	58	10.00
11.00	CAFETERIA	15,392	0	92,685	0	2,198	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	141,751	0	10,812	0	678	13.00
14.00	CENTRAL SERVICES & SUPPLY	24,266	0	48,592	8,083	1,085	14.00
15.00	PHARMACY	35,492	0	17,413	0	1,356	15.00
16.00	MEDICAL RECORDS & LIBRARY	57,835	0	32,595	0	901	16.00
17.00	SOCIAL SERVICE	30,565	0	4,973	0	390	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00	PARAMED ED PRGM-(SPECIFY)	1,593	0	1,884	0	88	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	436,565	0	793,562	158,107	65,239	30.00
31.00	INTENSIVE CARE UNIT	115,347	0	87,757	24,652	6,405	31.00
31.01	NURSERY INTENSIVE CARE	15,758	0	17,556	4,738	1,193	31.01
40.00	SUBPROVIDER - IPF	36,647	0	82,287	3,683	4,447	40.00
41.00	SUBPROVIDER - IRF	36,084	0	71,708	13,683	4,447	41.00
43.00	NURSERY	37,787	0	75,551	9,132	5,024	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	243,623	0	369,060	12,979	18,840	50.00
51.00	RECOVERY ROOM	65,243	0	79,710	21,415	3,719	51.00
52.00	DELIVERY ROOM & LABOR ROOM	35,416	0	90,590	10,950	6,023	52.00
53.00	ANESTHESIOLOGY	8,335	0	4,295	0	271	53.00
54.00	RADIOLOGY-DIAGNOSTIC	110,532	0	87,124	5,643	861	54.00
54.01	INTERVENTIONAL RADIOLOGY	37,389	0	16,237	1,858	542	54.01
54.02	BREAST CENTER	25,838	0	25,558	6,683	1,627	54.02
54.03	RADIATION ONCOLOGY	50,868	0	102,269	5,542	1,627	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	16,886	0	11,890	3,311	542	56.00
56.01	ULTRASOUND	32,110	0	3,647	10,389	307	56.01
57.00	CT SCAN	35,069	0	53,489	5,644	786	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	18,343	0	27,027	5,644	538	58.00
59.00	CARDIAC CATHETERIZATION	92,440	0	34,148	2,278	3,049	59.00
60.00	LABORATORY	211,447	0	40,906	0	1,627	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	38,530	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	30,233	0	16,742	772	1,846	64.00
64.01	HOME INFUSION	12,578	0	0	0	601	64.01
65.00	RESPIRATORY THERAPY	99,949	0	49,225	0	1,714	65.00
66.00	PHYSICAL THERAPY	30,989	0	36,318	2,397	1,085	66.00
67.00	OCCUPATIONAL THERAPY	15,803	0	18,287	0	88	67.00
68.00	SPEECH PATHOLOGY	7,178	0	11,091	0	542	68.00
69.00	ELECTROCARDIOLOGY	6,659	0	25,091	3,277	542	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	327,707	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	199,447	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	264,289	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
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	23,118	0	40,288	0	1,158	90.00
91.00	EMERGENCY	138,113	0	106,662	47,664	18,433	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	14,484	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
101.00	HOME HEALTH AGENCY	52,520	0	68,619	0	3,170	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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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	
SPECIAL PURPOSE COST CENTERS						
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)	3,612,235	0	2,797,189	368,524	163,047	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	457,313	0	201,480	5,048	2,494	192.00
192.01 HOSPITAL BASED CLINIC	22,704	0	37,870	0	2,148	192.01
192.02 OUTPATIENT PSYCH	37,009	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	102,226	0	514,662	0	20,902	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	4,231,487	0	3,551,201	373,572	188,591	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150018		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/24/2012 1:51 pm	
Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
	10.00	11.00	12.00	13.00	14.00		
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	99,362						10.00
11.00	0	362,694					11.00
12.00	0	0	0				12.00
13.00	0	21,122	0	254,476			13.00
14.00	0	5,097	0	0	213,298		14.00
15.00	0	12,934	0	0	0		15.00
16.00	0	13,027	0	0	108		16.00
17.00	0	3,608	0	0	0		17.00
18.00	0	0	0	0	0		18.00
23.00	0	822	0	0	488		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	80,004	81,338	0	120,136	3,895		30.00
31.00	6,875	17,110	0	28,853	984		31.00
31.01	0	2,497	0	5,840	123		31.01
40.00	4,745	5,839	0	0	81		40.00
41.00	7,738	5,919	0	1,943	152		41.00
43.00	0	3,995	0	6,377	172		43.00
44.00	0	0	0	0	0		44.00
45.00	0	0	0	0	0		45.00
46.00	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	0	27,213	0	22,657	8,835		50.00
51.00	0	9,314	0	15,898	513		51.00
52.00	0	4,685	0	7,916	259		52.00
53.00	0	271	0	0	691		53.00
54.00	0	10,858	0	0	308		54.00
54.01	0	2,077	0	0	4,594		54.01
54.02	0	3,167	0	0	721		54.02
54.03	0	3,248	0	0	278		54.03
55.00	0	0	0	0	0		55.00
56.00	0	1,031	0	0	49		56.00
56.01	0	2,615	0	0	146		56.01
57.00	0	3,435	0	0	1,347		57.00
58.00	0	1,708	0	0	713		58.00
59.00	0	4,907	0	4,092	8,114		59.00
60.00	0	0	0	0	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	11,897		62.00
63.00	0	0	0	0	0		63.00
64.00	0	4,460	0	9,636	115		64.00
64.01	0	867	0	0	60		64.01
65.00	0	14,932	0	1,033	1,776		65.00
66.00	0	4,634	0	0	70		66.00
67.00	0	2,408	0	0	24		67.00
68.00	0	993	0	0	37		68.00
69.00	0	793	0	1,455	34		69.00
70.00	0	0	0	0	0		70.00
71.00	0	0	0	0	161,245		71.00
72.00	0	0	0	0	0		72.00
73.00	0	0	0	0	0		73.00
74.00	0	0	0	0	0		74.00
75.00	0	0	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	0	2,307	0	1,254	562		90.00
91.00	0	24,293	0	27,192	1,499		91.00
92.00	0	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	0	0	0	0	0		94.00
95.00	0	0	0	0	0		95.00
96.00	0	2,576	0	0	215		96.00
97.00	0	0	0	0	0		97.00
98.00	0	0	0	0	0		98.00
101.00	0	0	0	0	128		101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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Cost Center Description	DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS						
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	4	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	99,362	306,100	0	254,282	210,237	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	44,510	0	0	2,295	192.00
192.01 HOSPITAL BASED CLINIC	0	3,198	0	194	262	192.01
192.02 OUTPATIENT PSYCH	0	5,132	0	0	222	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	3,754	0	0	282	194.00
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)	99,362	362,694	0	254,476	213,298	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

Period:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	PARAMED PRGM	
	15.00	16.00	17.00	18.00	23.00	
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
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	482,162					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	203,911				16.00
17.00 SOCIAL SERVICE	0	0	51,769			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	0	33,493	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	22,600	42,700	0		30.00
31.00 INTENSIVE CARE UNIT	0	4,967	3,196	0		31.00
31.01 NURSERY INTENSIVE CARE	0	830	0	0		31.01
40.00 SUBPROVIDER - IPF	0	1,222	0	0		40.00
41.00 SUBPROVIDER - IRF	0	1,677	0	0		41.00
43.00 NURSERY	0	1,244	5,873	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0	0		45.00
46.00 OTHER LONG TERM CARE	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	21,738	0	0		50.00
51.00 RECOVERY ROOM	0	4,590	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,490	0	0		52.00
53.00 ANESTHESIOLOGY	0	3,949	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	4,349	0	0		54.00
54.01 INTERVENTIONAL RADIOLOGY	0	2,400	0	0		54.01
54.02 BREAST CENTER	0	1,565	0	0		54.02
54.03 RADIATION ONCOLOGY	0	5,032	0	0		54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00 RADIOISOTOPE	0	1,713	0	0		56.00
56.01 ULTRASOUND	0	2,132	0	0		56.01
57.00 CT SCAN	0	12,152	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	3,253	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	11,047	0	0		59.00
60.00 LABORATORY	0	13,864	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	3,265	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	999	0	0		64.00
64.01 HOME INFUSION	0	419	0	0		64.01
65.00 RESPIRATORY THERAPY	0	7,801	0	0		65.00
66.00 PHYSICAL THERAPY	0	1,272	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	850	0	0		67.00
68.00 SPEECH PATHOLOGY	0	317	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	145	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,559	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	482,162	17,967	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
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	1,239	0	0		90.00
91.00 EMERGENCY	0	10,712	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	0		94.00
95.00 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	755	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	PARAMED PRGM	
	15.00	16.00	17.00	18.00	23.00	
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
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)	482,162	202,114	51,769	0	0	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	1,783	0	0	0	192.00
192.01 HOSPITAL BASED CLINIC	0	14	0	0	0	192.01
192.02 OUTPATIENT PSYCH	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments					33,493	200.00
201.00 Negative Cost Centers	0	0	0	0	2,966	201.00
202.00 TOTAL (sum lines 118-201)	482,162	203,911	51,769	0	36,459	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	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
12.00	MAINTENANCE OF PERSONNEL				12.00
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
18.00	OTHER GENERAL SERVICE (SPECIFY)				18.00
23.00	PARAMED PRGM-(SPECIFY)				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	4,269,428	0	4,269,428	30.00
31.00	INTENSIVE CARE UNIT	524,371	0	524,371	31.00
31.01	NURSERY INTENSIVE CARE	97,677	0	97,677	31.01
40.00	SUBPROVIDER - IPF	369,345	0	369,345	40.00
41.00	SUBPROVIDER - IRF	321,029	0	321,029	41.00
43.00	NURSERY	359,858	0	359,858	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	2,768,589	0	2,768,589	50.00
51.00	RECOVERY ROOM	571,672	0	571,672	51.00
52.00	DELIVERY ROOM & LABOR ROOM	414,758	0	414,758	52.00
53.00	ANESTHESIOLOGY	162,668	0	162,668	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,595,604	0	2,595,604	54.00
54.01	INTERVENTIONAL RADIOLOGY	458,559	0	458,559	54.01
54.02	BREAST CENTER	227,462	0	227,462	54.02
54.03	RADIATION ONCOLOGY	736,574	0	736,574	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	RADIOISOTOPE	68,069	0	68,069	56.00
56.01	ULTRASOUND	143,579	0	143,579	56.01
57.00	CT SCAN	409,496	0	409,496	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	144,306	0	144,306	58.00
59.00	CARDIAC CATHETERIZATION	1,579,309	0	1,579,309	59.00
60.00	LABORATORY	358,745	0	358,745	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	54,310	0	54,310	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	104,546	0	104,546	64.00
64.01	HOME INFUSION	19,977	0	19,977	64.01
65.00	RESPIRATORY THERAPY	466,959	0	466,959	65.00
66.00	PHYSICAL THERAPY	178,350	0	178,350	66.00
67.00	OCCUPATIONAL THERAPY	87,684	0	87,684	67.00
68.00	SPEECH PATHOLOGY	44,200	0	44,200	68.00
69.00	ELECTROCARDIOLOGY	122,018	0	122,018	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	523,511	0	523,511	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	199,447	0	199,447	72.00
73.00	DRUGS CHARGED TO PATIENTS	764,418	0	764,418	73.00
74.00	RENAL DIALYSIS	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	181,396	0	181,396	90.00
91.00	EMERGENCY	1,312,794	0	1,312,794	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0		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	54,051	0	54,051	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
101.00	HOME HEALTH AGENCY	285,992	0	285,992	101.00
SPECIAL PURPOSE COST CENTERS					
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	4	0	4	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	20,980,755	0	20,980,755	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	2,348,382	0	2,348,382	192.00
192.01	HOSPITAL BASED CLINIC	156,385	0	156,385	192.01
192.02	OUTPATIENT PSYCH	69,643	0	69,643	192.02
193.00	NONPAID WORKERS	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	1,755,828	0	1,755,828	194.00
200.00	Cross Foot Adjustments	33,493	0	33,493	200.00
201.00	Negative Cost Centers	2,966	0	2,966	201.00
202.00	TOTAL (sum lines 118-201)	25,347,452	0	25,347,452	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1
Date/Time Prepared:
5/24/2012 1:51 pm

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				
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	638,485					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		9,150,772				2.00
4.00	EMPLOYEE BENEFITS	1,916	8,390	87,708,439			4.00
5.00	ADMINISTRATIVE & GENERAL	40,291	2,146,720	9,862,769	-30,330,951	203,207,859	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	124,969	820,753	1,453,570	0	10,257,535	7.00
8.00	LAUNDRY & LINEN SERVICE	13,139	4,703	1,084,459	0	2,870,758	8.00
9.00	HOUSEKEEPING	3,975	21,798	1,601,003	0	2,829,046	9.00
10.00	DIETARY	1,671	5,892	1,722,396	0	2,388,571	10.00
11.00	CAFETERIA	12,301	35,328	126,938	0	739,201	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,435	33,116	4,245,712	0	6,807,409	13.00
14.00	CENTRAL SERVICES & SUPPLY	6,449	14,678	611,889	0	1,165,329	14.00
15.00	PHARMACY	2,311	225,213	3,292,765	0	1,704,464	15.00
16.00	MEDICAL RECORDS & LIBRARY	4,326	18,252	1,871,785	0	2,777,447	16.00
17.00	SOCIAL SERVICE	660	865	831,054	0	1,467,828	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00	PARAMED ED PRGM-(SPECIFY)	250	16,477	146,276	0	76,504	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	105,320	480,183	14,182,160	0	20,965,536	30.00
31.00	INTENSIVE CARE UNIT	11,647	25,941	3,691,539	0	5,539,388	31.00
31.01	NURSERY INTENSIVE CARE	2,330	7,342	502,760	0	756,762	31.01
40.00	SUBPROVIDER - IPF	10,921	34,842	1,051,920	0	1,759,915	40.00
41.00	SUBPROVIDER - IRF	9,517	16,523	1,056,770	0	1,732,893	41.00
43.00	NURSERY	10,027	33,929	813,501	0	1,814,696	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	48,981	759,677	5,110,040	0	11,699,706	50.00
51.00	RECOVERY ROOM	10,579	121,936	1,946,521	0	3,133,215	51.00
52.00	DELIVERY ROOM & LABOR ROOM	12,023	40,683	947,664	0	1,700,815	52.00
53.00	ANESTHESIOLOGY	570	81,175	28,058	0	400,263	53.00
54.00	RADIOLOGY-DIAGNOSTIC	11,563	1,310,248	1,825,077	0	5,308,190	54.00
54.01	INTERVENTIONAL RADIOLOGY	2,155	214,668	502,439	0	1,795,583	54.01
54.02	BREAST CENTER	3,392	64,954	575,392	0	1,240,854	54.02
54.03	RADIATION ONCOLOGY	13,573	211,469	1,018,745	0	2,442,853	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	1,578	4,632	213,231	0	810,949	56.00
56.01	ULTRASOUND	484	50,382	577,261	0	1,542,033	56.01
57.00	CT SCAN	7,099	110,943	690,711	0	1,684,125	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,587	18,251	367,584	0	880,911	58.00
59.00	CARDIAC CATHETERIZATION	4,532	804,961	1,042,361	0	4,439,305	59.00
60.00	LABORATORY	5,429	3,361	0	0	10,154,500	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	369	0	0	1,850,350	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	2,222	2,597	983,846	0	1,451,920	64.00
64.01	HOME INFUSION	0	3,188	228,910	0	604,029	64.01
65.00	RESPIRATORY THERAPY	6,533	111,394	2,858,917	0	4,799,920	65.00
66.00	PHYSICAL THERAPY	4,820	15,161	986,233	0	1,488,194	66.00
67.00	OCCUPATIONAL THERAPY	2,427	7,077	509,749	0	758,899	67.00
68.00	SPEECH PATHOLOGY	1,472	483	221,975	0	344,696	68.00
69.00	ELECTROCARDIOLOGY	3,330	18,897	165,588	0	319,805	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	15,737,752	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,578,227	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	12,692,175	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
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	5,347	16,218	664,575	0	1,110,226	90.00
91.00	EMERGENCY	14,156	426,470	3,882,962	0	6,632,698	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	21,420	324,721	0	695,596	96.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/24/2012 1:51 pm

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				
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
101.00 HOME HEALTH AGENCY	9,107	10,590	1,551,879	0	2,522,201	101.00
SPECIAL PURPOSE COST CENTERS						
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	10	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	538,414	8,382,149	75,373,705	-30,330,941	173,473,272	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	26,740	721,524	11,130,378	0	21,957,680	192.00
192.01 HOSPITAL BASED CLINIC	5,026	6,421	599,149	0	1,090,333	192.01
192.02 OUTPATIENT PSYCH	0	16,296	0	0	1,777,307	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	68,305	24,382	605,207	0	4,909,267	194.00
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)	10,028,830	15,318,622	32,402,702		30,330,951	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	15.707229	1.674025	0.369437		0.149261	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			44,140		4,231,487	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000503		0.020823	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	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	596,278					6.00
7.00 OPERATION OF PLANT	124,969	471,309				7.00
8.00 LAUNDRY & LINEN SERVICE	13,139	13,139	1,035,650			8.00
9.00 HOUSEKEEPING	3,975	3,975	0	90,423		9.00
10.00 DIETARY	1,671	1,671	0	28	144,844	10.00
11.00 CAFETERIA	12,301	12,301	0	1,054	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,435	1,435	0	325	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	6,449	6,449	22,409	520	0	14.00
15.00 PHARMACY	2,311	2,311	0	650	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,326	4,326	0	432	0	16.00
17.00 SOCIAL SERVICE	660	660	0	187	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00 PARAMED PRGM-(SPECIFY)	250	250	0	42	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	105,320	105,320	438,322	31,280	116,625	30.00
31.00 INTENSIVE CARE UNIT	11,647	11,647	68,343	3,071	10,022	31.00
31.01 NURSERY INTENSIVE CARE	2,330	2,330	13,134	572	0	31.01
40.00 SUBPROVIDER - I/PF	10,921	10,921	10,209	2,132	6,917	40.00
41.00 SUBPROVIDER - I/RP	9,517	9,517	37,932	2,132	11,280	41.00
43.00 NURSERY	10,027	10,027	25,317	2,409	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	48,981	48,981	35,982	9,033	0	50.00
51.00 RECOVERY ROOM	10,579	10,579	59,369	1,783	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	12,023	12,023	30,357	2,888	0	52.00
53.00 ANESTHESIOLOGY	570	570	0	130	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,563	11,563	15,644	413	0	54.00
54.01 INTERVENTIONAL RADIOLOGY	2,155	2,155	5,152	260	0	54.01
54.02 BREAST CENTER	3,392	3,392	18,528	780	0	54.02
54.03 RADIATION ONCOLOGY	13,573	13,573	15,364	780	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	1,578	1,578	9,178	260	0	56.00
56.01 ULTRASOUND	484	484	28,800	147	0	56.01
57.00 CT SCAN	7,099	7,099	15,647	377	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	3,587	3,587	15,647	258	0	58.00
59.00 CARDIAC CATHETERIZATION	4,532	4,532	6,314	1,462	0	59.00
60.00 LABORATORY	5,429	5,429	0	780	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	2,222	2,222	2,141	885	0	64.00
64.01 HOME INFUSION	0	0	0	288	0	64.01
65.00 RESPIRATORY THERAPY	6,533	6,533	0	822	0	65.00
66.00 PHYSICAL THERAPY	4,820	4,820	6,645	520	0	66.00
67.00 OCCUPATIONAL THERAPY	2,427	2,427	0	42	0	67.00
68.00 SPEECH PATHOLOGY	1,472	1,472	0	260	0	68.00
69.00 ELECTROCARDIOLOGY	3,330	3,330	9,084	260	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
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	5,347	5,347	0	555	0	90.00
91.00 EMERGENCY	14,156	14,156	132,137	8,838	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
101.00 HOME HEALTH AGENCY	9,107	9,107	0	1,520		101.00
SPECIAL PURPOSE COST CENTERS						
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)	496,207	371,238	1,021,655	78,175	144,844	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	26,740	26,740	13,995	1,196	0	192.00
192.01 HOSPITAL BASED CLINIC	5,026	5,026	0	1,030	0	192.01
192.02 OUTPATIENT PSYCH	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	68,305	68,305	0	10,022	0	194.00
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	11,788,585	3,627,888	3,350,736	2,787,925	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	25.012433	3.503006	37.056236	19.247777	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	3,551,201	373,572	188,591	99,362	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	7.534762	0.360713	2.085653	0.685993	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1
Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description	CAFETERIA (HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	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						10.00
11.00 CAFETERIA	2,549,296					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	148,459	0	748,747			13.00
14.00 CENTRAL SERVICES & SUPPLY	35,829	0	0	33,162,088		14.00
15.00 PHARMACY	90,910	0	0	0	100	15.00
16.00 MEDICAL RECORDS & LIBRARY	91,562	0	0	16,851	0	16.00
17.00 SOCIAL SERVICE	25,359	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00 PARAMED ED PRGM-(SPECIFY)	5,777	0	0	75,857	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	571,697	0	353,477	605,568	0	30.00
31.00 INTENSIVE CARE UNIT	120,264	0	84,894	152,950	0	31.00
31.01 NURSERY INTENSIVE CARE	17,550	0	17,183	19,108	0	31.01
40.00 SUBPROVIDER - I/PF	41,044	0	0	12,538	0	40.00
41.00 SUBPROVIDER - I/RF	41,604	0	5,718	23,585	0	41.00
43.00 NURSERY	28,079	0	18,764	26,742	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	191,271	0	66,663	1,373,578	0	50.00
51.00 RECOVERY ROOM	65,468	0	46,778	79,804	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	32,929	0	23,292	40,233	0	52.00
53.00 ANESTHESIOLOGY	1,905	0	0	107,492	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	76,322	0	0	47,874	0	54.00
54.01 INTERVENTIONAL RADIOLOGY	14,597	0	0	714,301	0	54.01
54.02 BREAST CENTER	22,262	0	0	112,033	0	54.02
54.03 RADIATION ONCOLOGY	22,833	0	0	43,153	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	7,246	0	0	7,601	0	56.00
56.01 ULTRASOUND	18,383	0	0	22,765	0	56.01
57.00 CT SCAN	24,145	0	0	209,478	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	12,005	0	0	110,913	0	58.00
59.00 CARDIAC CATHETERIZATION	34,490	0	12,041	1,261,452	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	1,849,732	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	31,348	0	28,351	17,815	0	64.00
64.01 HOME INFUSION	6,096	0	0	9,312	0	64.01
65.00 RESPIRATORY THERAPY	104,954	0	3,039	276,180	0	65.00
66.00 PHYSICAL THERAPY	32,573	0	0	10,899	0	66.00
67.00 OCCUPATIONAL THERAPY	16,924	0	0	3,693	0	67.00
68.00 SPEECH PATHOLOGY	6,980	0	0	5,691	0	68.00
69.00 ELECTROCARDIOLOGY	5,576	0	4,281	5,241	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	25,069,214	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	100	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
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	16,215	0	3,689	87,423	0	90.00
91.00 EMERGENCY	170,749	0	80,007	233,103	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	18,103	0	0	33,414	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description	CAFETERIA (HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00 HOME HEALTH AGENCY	0	0	0	19,858	0	101.00
SPECIAL PURPOSE COST CENTERS						
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	657	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,151,508	0	748,177	32,686,108	100	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	312,850	0	0	356,826	0	192.00
192.01 HOSPITAL BASED CLINIC	22,480	0	570	40,705	0	192.01
192.02 OUTPATIENT PSYCH	36,071	0	0	34,544	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	26,387	0	0	43,905	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,196,270	0	7,941,091	1,615,153	2,083,425	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.469255	0.000000	10.605840	0.048705	20,834.250000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	362,694	0	254,476	213,298	482,162	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.142272	0.000000	0.339869	0.006432	4,821.620000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1
Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
	16.00	17.00	18.00	23.00	
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
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY	573,065,267				16.00
17.00 SOCIAL SERVICE	0	13,866			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0		18.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	5	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	63,482,395	11,437	0	2	30.00
31.00 INTENSIVE CARE UNIT	13,952,705	856	0	0	31.00
31.01 NURSERY INTENSIVE CARE	2,330,895	0	0	0	31.01
40.00 SUBPROVIDER - IPF	3,433,940	0	0	0	40.00
41.00 SUBPROVIDER - IRF	4,711,860	0	0	0	41.00
43.00 NURSERY	3,494,236	1,573	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	61,063,199	0	0	0	50.00
51.00 RECOVERY ROOM	12,892,650	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	4,186,241	0	0	0	52.00
53.00 ANESTHESIOLOGY	11,091,564	0	0	1	53.00
54.00 RADIOLOGY-DIAGNOSTIC	12,216,063	0	0	0	54.00
54.01 INTERVENTIONAL RADIOLOGY	6,742,038	0	0	0	54.01
54.02 BREAST CENTER	4,396,895	0	0	0	54.02
54.03 RADIATION ONCOLOGY	14,133,501	0	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 RADIOISOTOPE	4,813,109	0	0	0	56.00
56.01 ULTRASOUND	5,989,397	0	0	0	56.01
57.00 CT SCAN	34,133,840	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	9,137,774	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	31,030,689	0	0	0	59.00
60.00 LABORATORY	38,942,885	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	9,171,157	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	2,806,675	0	0	0	64.00
64.01 HOME INFUSION	1,176,295	0	0	0	64.01
65.00 RESPIRATORY THERAPY	21,914,282	0	0	0	65.00
66.00 PHYSICAL THERAPY	3,572,109	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	2,387,535	0	0	0	67.00
68.00 SPEECH PATHOLOGY	889,319	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	408,473	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	97,355,165	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	50,468,916	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
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	3,479,148	0	0	0	90.00
91.00 EMERGENCY	30,091,134	0	0	1	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					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	2,122,075	0	0	1	96.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)		
	16.00	17.00	18.00	23.00		
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
101.00 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	568,018,159	13,866	0	5		118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 RESEARCH	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	5,007,771	0	0	0		192.00
192.01 HOSPITAL BASED CLINIC	39,337	0	0	0		192.01
192.02 OUTPATIENT PSYCH	0	0	0	0		192.02
193.00 NONPAID WORKERS	0	0	0	0		193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
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)	3,360,011	1,722,255	0	102,138		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.005863	124.207053	0.000000	20,427.600000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	203,911	51,769	0	36,459		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000356	3.733521	0.000000	6,698.600000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/24/2012 1:51 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		37,548,817	9,973	37,558,790	30.00
31.00	INTENSIVE CARE UNIT		8,356,011	0	8,356,011	31.00
31.01	NURSERY INTENSIVE CARE		1,200,272	0	1,200,272	31.01
40.00	SUBPROVIDER - IPF		2,583,670	0	2,583,670	40.00
41.00	SUBPROVIDER - IRF		2,767,526	0	2,767,526	41.00
43.00	NURSERY		2,943,664	0	2,943,664	43.00
44.00	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	NURSING FACILITY		0	0	0	45.00
46.00	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		16,353,610	0	16,353,610	50.00
51.00	RECOVERY ROOM		4,745,848	0	4,745,848	51.00
52.00	DELIVERY ROOM & LABOR ROOM		2,757,750	0	2,757,750	52.00
53.00	ANESTHESIOLOGY		570,668	0	570,668	53.00
54.00	RADIOLOGY-DIAGNOSTIC		6,569,589	0	6,569,589	54.00
54.01	INTERVENTIONAL RADIOLOGY		2,226,347	0	2,226,347	54.01
54.02	BREAST CENTER		1,646,398	0	1,646,398	54.02
54.03	RADIATION ONCOLOGY		3,325,375	0	3,325,375	54.03
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	RADIOISOTOPE		1,045,237	0	1,045,237	56.00
56.01	ULTRASOUND		1,935,489	0	1,935,489	56.01
57.00	CT SCAN		2,403,504	0	2,403,504	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,231,100	0	1,231,100	58.00
59.00	CARDIAC CATHETERIZATION		5,678,832	5,155	5,683,987	59.00
60.00	LABORATORY		12,063,189	0	12,063,189	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		2,270,396	0	2,270,396	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	INTRAVENOUS THERAPY		2,097,228	0	2,097,228	64.00
64.01	HOME INFUSION		715,071	0	715,071	64.01
65.00	RESPIRATORY THERAPY	0	5,933,642	15,589	5,949,231	65.00
66.00	PHYSICAL THERAPY	0	1,910,188	0	1,910,188	66.00
67.00	OCCUPATIONAL THERAPY	0	956,554	0	956,554	67.00
68.00	SPEECH PATHOLOGY	0	451,365	0	451,365	68.00
69.00	ELECTROCARDIOLOGY		542,957	804	543,761	69.00
70.00	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		19,878,694	0	19,878,694	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		11,007,883	0	11,007,883	72.00
73.00	DRUGS CHARGED TO PATIENTS		16,965,946	0	16,965,946	73.00
74.00	RENAL DIALYSIS		0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC		1,501,636	0	1,501,636	90.00
91.00	EMERGENCY		9,904,028	75,681	9,979,709	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,308,315	0	2,308,315	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		842,413	0	842,413	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
101.00	HOME HEALTH AGENCY		3,183,747	0	3,183,747	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE		0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF		0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00	HOSPICE		22	22	22	116.00
200.00	Subtotal (see instructions)		198,422,981	107,202	198,530,183	200.00
201.00	Less Observation Beds		2,308,315	0	2,308,315	201.00
202.00	Total (see instructions)		196,114,666	107,202	196,221,868	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150018		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/24/2012 1:51 pm	
		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	63,482,395		63,482,395			30.00
31.00	INTENSIVE CARE UNIT	13,952,705		13,952,705			31.00
31.01	NURSERY INTENSIVE CARE	2,330,895		2,330,895			31.01
40.00	SUBPROVIDER - IPF	3,433,940		3,433,940			40.00
41.00	SUBPROVIDER - IRF	4,711,860		4,711,860			41.00
43.00	NURSERY	3,494,236		3,494,236			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	31,666,363	15,619,570	47,285,933	0.345845	0.000000	50.00
51.00	RECOVERY ROOM	3,719,551	9,173,099	12,892,650	0.368105	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,749,219	437,022	4,186,241	0.658765	0.000000	52.00
53.00	ANESTHESIOLOGY	6,523,658	4,567,906	11,091,564	0.051451	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,077,656	10,143,657	12,221,313	0.537552	0.000000	54.00
54.01	INTERVENTIONAL RADIOLOGY	2,297,309	2,990,803	5,288,112	0.421010	0.000000	54.01
54.02	BREAST CENTER	16,126	4,248,066	4,264,192	0.386098	0.000000	54.02
54.03	RADIATION ONCOLOGY	755,357	13,159,598	13,914,955	0.238978	0.000000	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	2,031,540	2,781,569	4,813,109	0.217165	0.000000	56.00
56.01	ULTRASOUND	1,056,922	4,932,475	5,989,397	0.323153	0.000000	56.01
57.00	CT SCAN	5,225,792	28,908,048	34,133,840	0.070414	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,880,761	7,257,013	9,137,774	0.134726	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	13,175,067	17,855,622	31,030,689	0.183007	0.000000	59.00
60.00	LABORATORY	16,753,374	22,189,511	38,942,885	0.309766	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,203,941	1,967,216	9,171,157	0.247558	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	638,190	2,168,485	2,806,675	0.747229	0.000000	64.00
64.01	HOME INFUSION	0	1,176,295	1,176,295	0.607901	0.000000	64.01
65.00	RESPIRATORY THERAPY	12,656,459	9,257,823	21,914,282	0.270766	0.000000	65.00
66.00	PHYSICAL THERAPY	2,259,284	1,312,825	3,572,109	0.534751	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	1,862,792	524,743	2,387,535	0.400645	0.000000	67.00
68.00	SPEECH PATHOLOGY	547,931	341,388	889,319	0.507540	0.000000	68.00
69.00	ELECTROCARDIOLOGY	41,731	366,742	408,473	1.329236	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	57,510,060	31,554,235	89,064,295	0.223195	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	17,950,849	5,917,213	23,868,062	0.461197	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	36,746,477	13,722,439	50,468,916	0.336166	0.000000	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	2,142,304	1,336,844	3,479,148	0.431610	0.000000	90.00
91.00	EMERGENCY	7,141,904	22,949,230	30,091,134	0.329134	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	164,854	3,454,001	3,618,855	0.637858	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	2,122,075	2,122,075	0.396976	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
101.00	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00
SPECIAL PURPOSE COST CENTERS							
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)	329,201,502	242,435,513	571,637,015			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	329,201,502	242,435,513	571,637,015			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/24/2012 1:51 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
31.01	NURSERY INTENSIVE CARE			31.01
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.345845		50.00
51.00	RECOVERY ROOM	0.368105		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.658765		52.00
53.00	ANESTHESIOLOGY	0.051451		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.537552		54.00
54.01	INTERVENTIONAL RADIOLOGY	0.421010		54.01
54.02	BREAST CENTER	0.386098		54.02
54.03	RADIATION ONCOLOGY	0.238978		54.03
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.217165		56.00
56.01	ULTRASOUND	0.323153		56.01
57.00	CT SCAN	0.070414		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.134726		58.00
59.00	CARDIAC CATHETERIZATION	0.183173		59.00
60.00	LABORATORY	0.309766		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	0.247558		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.747229		64.00
64.01	HOME INFUSION	0.607901		64.01
65.00	RESPIRATORY THERAPY	0.271477		65.00
66.00	PHYSICAL THERAPY	0.534751		66.00
67.00	OCCUPATIONAL THERAPY	0.400645		67.00
68.00	SPEECH PATHOLOGY	0.507540		68.00
69.00	ELECTROCARDIOLOGY	1.331204		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.223195		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.461197		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.336166		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.431610		90.00
91.00	EMERGENCY	0.331649		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.637858		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	0.396976		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
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: 150018

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2012 1:51 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		37,548,817	0	0	30.00	
31.00	INTENSIVE CARE UNIT		8,356,011	0	0	31.00	
31.01	NURSERY INTENSIVE CARE		1,200,272	0	0	31.01	
40.00	SUBPROVIDER - IPF		2,583,670	0	0	40.00	
41.00	SUBPROVIDER - IRF		2,767,526	0	0	41.00	
43.00	NURSERY		2,943,664	0	0	43.00	
44.00	SKILLED NURSING FACILITY		0	0	0	44.00	
45.00	NURSING FACILITY		0	0	0	45.00	
46.00	OTHER LONG TERM CARE		0	0	0	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		16,353,610	0	0	50.00	
51.00	RECOVERY ROOM		4,745,848	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		2,757,750	0	0	52.00	
53.00	ANESTHESIOLOGY		570,668	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		6,569,589	0	0	54.00	
54.01	INTERVENTIONAL RADIOLOGY		2,226,347	0	0	54.01	
54.02	BREAST CENTER		1,646,398	0	0	54.02	
54.03	RADIATION ONCOLOGY		3,325,375	0	0	54.03	
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	RADIOISOTOPE		1,045,237	0	0	56.00	
56.01	ULTRASOUND		1,935,489	0	0	56.01	
57.00	CT SCAN		2,403,504	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,231,100	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		5,678,832	0	0	59.00	
60.00	LABORATORY		12,063,189	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		2,270,396	0	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00	
64.00	INTRAVENOUS THERAPY		2,097,228	0	0	64.00	
64.01	HOME INFUSION		715,071	0	0	64.01	
65.00	RESPIRATORY THERAPY	0	5,933,642	0	0	65.00	
66.00	PHYSICAL THERAPY	0	1,910,188	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	956,554	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	451,365	0	0	68.00	
69.00	ELECTROCARDIOLOGY		542,957	0	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		19,878,694	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS		11,007,883	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		16,965,946	0	0	73.00	
74.00	RENAL DIALYSIS		0	0	0	74.00	
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC		1,501,636	0	0	90.00	
91.00	EMERGENCY		9,904,028	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,308,315	0	0	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		842,413	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	
101.00	HOME HEALTH AGENCY		3,183,747	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE					113.00	
114.00	UTILIZATION REVIEW-SNF					114.00	
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00	
116.00	HOSPICE	22	22	0	0	116.00	
200.00	Subtotal (see instructions)	0	198,422,981	0	0	200.00	
201.00	Less Observation Beds		2,308,315			201.00	
202.00	Total (see instructions)	0	196,114,666	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150018

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2012 1:51 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	63,482,395		63,482,395			30.00
31.00	INTENSIVE CARE UNIT	13,952,705		13,952,705			31.00
31.01	NURSERY INTENSIVE CARE	2,330,895		2,330,895			31.01
40.00	SUBPROVIDER - I/PF	3,433,940		3,433,940			40.00
41.00	SUBPROVIDER - IRF	4,711,860		4,711,860			41.00
43.00	NURSERY	3,494,236		3,494,236			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	31,666,363	15,619,570	47,285,933	0.345845	0.000000	50.00
51.00	RECOVERY ROOM	3,719,551	9,173,099	12,892,650	0.368105	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,749,219	437,022	4,186,241	0.658765	0.000000	52.00
53.00	ANESTHESIOLOGY	6,523,658	4,567,906	11,091,564	0.051451	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,077,656	10,143,657	12,221,313	0.537552	0.000000	54.00
54.01	INTERVENTIONAL RADIOLOGY	2,297,309	2,990,803	5,288,112	0.421010	0.000000	54.01
54.02	BREAST CENTER	16,126	4,248,066	4,264,192	0.386098	0.000000	54.02
54.03	RADIATION ONCOLOGY	755,357	13,159,598	13,914,955	0.238978	0.000000	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	2,031,540	2,781,569	4,813,109	0.217165	0.000000	56.00
56.01	ULTRASOUND	1,056,922	4,932,475	5,989,397	0.323153	0.000000	56.01
57.00	CT SCAN	5,225,792	28,908,048	34,133,840	0.070414	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,880,761	7,257,013	9,137,774	0.134726	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	13,175,067	17,855,622	31,030,689	0.183007	0.000000	59.00
60.00	LABORATORY	16,753,374	22,189,511	38,942,885	0.309766	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,203,941	1,967,216	9,171,157	0.247558	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	638,190	2,168,485	2,806,675	0.747229	0.000000	64.00
64.01	HOME INFUSION	0	1,176,295	1,176,295	0.607901	0.000000	64.01
65.00	RESPIRATORY THERAPY	12,656,459	9,257,823	21,914,282	0.270766	0.000000	65.00
66.00	PHYSICAL THERAPY	2,259,284	1,312,825	3,572,109	0.534751	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	1,862,792	524,743	2,387,535	0.400645	0.000000	67.00
68.00	SPEECH PATHOLOGY	547,931	341,388	889,319	0.507540	0.000000	68.00
69.00	ELECTROCARDIOLOGY	41,731	366,742	408,473	1.329236	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	57,510,060	31,554,235	89,064,295	0.223195	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	17,950,849	5,917,213	23,868,062	0.461197	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	36,746,477	13,722,439	50,468,916	0.336166	0.000000	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	2,142,304	1,336,844	3,479,148	0.431610	0.000000	90.00
91.00	EMERGENCY	7,141,904	22,949,230	30,091,134	0.329134	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	164,854	3,454,001	3,618,855	0.637858	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	2,122,075	2,122,075	0.396976	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
101.00	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00
SPECIAL PURPOSE COST CENTERS							
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)	329,201,502	242,435,513	571,637,015			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	329,201,502	242,435,513	571,637,015			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150018

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
31.01	NURSERY INTENSIVE CARE				31.01
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
45.00	NURSING FACILITY				45.00
46.00	OTHER LONG TERM CARE				46.00
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
54.01	INTERVENTIONAL RADIOLOGY	0.000000			54.01
54.02	BREAST CENTER	0.000000			54.02
54.03	RADIATION ONCOLOGY	0.000000			54.03
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.000000			56.00
56.01	ULTRASOUND	0.000000			56.01
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			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
64.01	HOME INFUSION	0.000000			64.01
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
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000			90.00
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
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
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: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/24/2012 1:51 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	4,269,428	0	4,269,428	42,077	101.47	30.00
31.00 INTENSIVE CARE UNIT	524,371		524,371	4,458	117.62	31.00
31.01 NURSERY INTENSIVE CARE	97,677		97,677	903	108.17	31.01
40.00 SUBPROVIDER - IPF	369,345	0	369,345	2,016	183.21	40.00
41.00 SUBPROVIDER - IRF	321,029	0	321,029	3,317	96.78	41.00
43.00 NURSERY	359,858		359,858	3,050	117.99	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00 NURSING FACILITY	0		0	0	0.00	45.00
200.00 Total (lines 30-199)	5,941,708		5,941,708	55,821		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/24/2012 1:51 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	18,908	1,918,595		30.00
31.00 INTENSIVE CARE UNIT	1,870	219,949		31.00
31.01 NURSERY INTENSIVE CARE	0	0		31.01
40.00 SUBPROVIDER - IPF	688	126,048		40.00
41.00 SUBPROVIDER - IRF	1,987	192,302		41.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (Lines 30-199)	23,453	2,456,894		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150018		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/24/2012 1:51 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,768,589	47,285,933	0.058550	18,847,608	1,103,527	50.00
51.00	RECOVERY ROOM	571,672	12,892,650	0.044341	1,187,496	52,655	51.00
52.00	DELIVERY ROOM & LABOR ROOM	414,758	4,186,241	0.099076	0	0	52.00
53.00	ANESTHESIOLOGY	162,668	11,091,564	0.014666	1,821,038	26,707	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,595,604	12,221,313	0.212383	1,582,791	336,158	54.00
54.01	INTERVENTIONAL RADIOLOGY	458,559	5,288,112	0.086715	1,062,083	92,099	54.01
54.02	BREAST CENTER	227,462	4,264,192	0.053342	4,234	226	54.02
54.03	RADIATION ONCOLOGY	736,574	13,914,955	0.052934	297,905	15,769	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	68,069	4,813,109	0.014142	817,142	11,556	56.00
56.01	ULTRASOUND	143,579	5,989,397	0.023972	509,564	12,215	56.01
57.00	CT SCAN	409,496	34,133,840	0.011997	4,121,948	49,451	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	144,306	9,137,774	0.015792	833,011	13,155	58.00
59.00	CARDIAC CATHETERIZATION	1,579,309	31,030,689	0.050895	5,692,446	289,717	59.00
60.00	LABORATORY	358,745	38,942,885	0.009212	9,946,814	91,630	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	54,310	9,171,157	0.005922	3,624,323	21,463	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	104,546	2,806,675	0.037249	315,867	11,766	64.00
64.01	HOME INFUSION	19,977	1,176,295	0.016983	0	0	64.01
65.00	RESPIRATORY THERAPY	466,959	21,914,282	0.021308	7,267,531	154,857	65.00
66.00	PHYSICAL THERAPY	178,350	3,572,109	0.049928	723,402	36,118	66.00
67.00	OCCUPATIONAL THERAPY	87,684	2,387,535	0.036726	499,495	18,344	67.00
68.00	SPEECH PATHOLOGY	44,200	889,319	0.049701	192,095	9,547	68.00
69.00	ELECTROCARDIOLOGY	122,018	408,473	0.298717	190	57	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	523,511	89,064,295	0.005878	22,641,536	133,087	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	199,447	23,868,062	0.008356	8,065,825	67,398	72.00
73.00	DRUGS CHARGED TO PATIENTS	764,418	50,468,916	0.015146	18,217,130	275,917	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	181,396	3,479,148	0.052138	994,370	51,844	90.00
91.00	EMERGENCY	1,312,794	30,091,134	0.043627	2,113,188	92,192	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	262,393	3,618,855	0.072507	164,854	11,953	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	54,051	2,122,075	0.025471	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)	15,015,444	480,230,984		111,543,886	2,979,408	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150018		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/24/2012 1:51 pm	
Cost Center Description		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	40,854	0	0	40,854	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	NURSERY INTENSIVE CARE	0	0	0	0	0	31.01
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (Lines 30-199)	0	40,854	0	0	40,854	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150018

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

Worksheet D
Part III
Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	42,077	0.97	18,908	18,341	0	30.00
31.00	INTENSIVE CARE UNIT	4,458	0.00	1,870	0	0	31.00
31.01	NURSERY INTENSIVE CARE	903	0.00	0	0	0	31.01
40.00	SUBPROVIDER - IPF	2,016	0.00	688	0	0	40.00
41.00	SUBPROVIDER - IRF	3,317	0.00	1,987	0	0	41.00
43.00	NURSERY	3,050	0.00	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00	Total (lines 30-199)	55,821		23,453	18,341	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/24/2012 1:51 pm
		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
31.01	NURSERY INTENSIVE CARE	0	0	31.01
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:51 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	20,428	0	0	20,428	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
54.01 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	0	0	54.01
54.02 BREAST CENTER	0	0	0	0	0	0	0	54.02
54.03 RADIATION ONCOLOGY	0	0	0	0	0	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
56.01 ULTRASOUND	0	0	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
64.01 HOME INFUSION	0	0	0	0	0	0	0	64.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00 CLINIC	0	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	20,428	0	0	20,428	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	2,511	0	0	2,511	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	20,428	0	0	20,428	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	63,795	0	0	63,795	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:51 pm
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Cost Center Description		Title XVIII				Hospital	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	47,285,933	0.000000	0.000000	18,847,608	50.00
51.00	RECOVERY ROOM	0	12,892,650	0.000000	0.000000	1,187,496	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	4,186,241	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	20,428	11,091,564	0.001842	0.001842	1,821,038	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	12,221,313	0.000000	0.000000	1,582,791	54.00
54.01	INTERVENTIONAL RADIOLOGY	0	5,288,112	0.000000	0.000000	1,062,083	54.01
54.02	BREAST CENTER	0	4,264,192	0.000000	0.000000	4,234	54.02
54.03	RADIATION ONCOLOGY	0	13,914,955	0.000000	0.000000	297,905	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	4,813,109	0.000000	0.000000	817,142	56.00
56.01	ULTRASOUND	0	5,989,397	0.000000	0.000000	509,564	56.01
57.00	CT SCAN	0	34,133,840	0.000000	0.000000	4,121,948	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	9,137,774	0.000000	0.000000	833,011	58.00
59.00	CARDIAC CATHETERIZATION	0	31,030,689	0.000000	0.000000	5,692,446	59.00
60.00	LABORATORY	0	38,942,885	0.000000	0.000000	9,946,814	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	9,171,157	0.000000	0.000000	3,624,323	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	2,806,675	0.000000	0.000000	315,867	64.00
64.01	HOME INFUSION	0	1,176,295	0.000000	0.000000	0	64.01
65.00	RESPIRATORY THERAPY	0	21,914,282	0.000000	0.000000	7,267,531	65.00
66.00	PHYSICAL THERAPY	0	3,572,109	0.000000	0.000000	723,402	66.00
67.00	OCCUPATIONAL THERAPY	0	2,387,535	0.000000	0.000000	499,495	67.00
68.00	SPEECH PATHOLOGY	0	889,319	0.000000	0.000000	192,095	68.00
69.00	ELECTROCARDIOLOGY	0	408,473	0.000000	0.000000	190	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,064,295	0.000000	0.000000	22,641,536	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	23,868,062	0.000000	0.000000	8,065,825	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	50,468,916	0.000000	0.000000	18,217,130	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	3,479,148	0.000000	0.000000	994,370	90.00
91.00	EMERGENCY	20,428	30,091,134	0.000679	0.000679	2,113,188	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,511	3,618,855	0.000694	0.000694	164,854	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	20,428	2,122,075	0.009626	0.009626	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)	63,795	480,230,984			111,543,886	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:51 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	6,244,414	0	0	0	50.00
51.00 RECOVERY ROOM	0	1,645,715	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	3,354	614,663	1,132	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	2,354,795	0	0	0	54.00
54.01 INTERVENTIONAL RADIOLOGY	0	1,449,581	0	0	0	54.01
54.02 BREAST CENTER	0	214,450	0	0	0	54.02
54.03 RADIATION ONCOLOGY	0	6,304,368	0	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	1,522,212	0	0	0	56.00
56.01 ULTRASOUND	0	506,235	0	0	0	56.01
57.00 CT SCAN	0	6,248,226	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	1,697,300	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	4,826,209	0	0	0	59.00
60.00 LABORATORY	0	634,897	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	953,510	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	1,006,962	0	0	0	64.00
64.01 HOME INFUSION	0	0	0	0	0	64.01
65.00 RESPIRATORY THERAPY	0	3,169,303	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	205,096	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,450,195	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	1,230,598	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	5,316,609	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
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	465,508	0	0	0	90.00
91.00 EMERGENCY	1,435	3,772,765	2,562	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	114	1,094,895	760	0	0	92.00
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)	4,903	57,928,506	4,454	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:51 pm
	Title XVIII	Hospital	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
54.01 INTERVENTIONAL RADIOLOGY	0	0	54.01
54.02 BREAST CENTER	0	0	54.02
54.03 RADIATION ONCOLOGY	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
56.01 ULTRASOUND	0	0	56.01
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	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
64.01 HOME INFUSION	0	0	64.01
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
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	0	0	90.00
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
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/24/2012 1:51 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.345845	6,244,414	0	0	50.00
51.00	RECOVERY ROOM	0.368105	1,645,715	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.658765	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.051451	614,663	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.537552	2,354,795	0	0	54.00
54.01	INTERVENTIONAL RADIOLOGY	0.421010	1,449,581	0	0	54.01
54.02	BREAST CENTER	0.386098	214,450	0	0	54.02
54.03	RADIATION ONCOLOGY	0.238978	6,304,368	0	0	54.03
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	RADIOISOTOPE	0.217165	1,522,212	0	0	56.00
56.01	ULTRASOUND	0.323153	506,235	0	0	56.01
57.00	CT SCAN	0.070414	6,248,226	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.134726	1,697,300	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.183007	4,826,209	0	0	59.00
60.00	LABORATORY	0.309766	634,897	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	0.247558	953,510	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.747229	1,006,962	0	0	64.00
64.01	HOME INFUSION	0.607901	0	0	0	64.01
65.00	RESPIRATORY THERAPY	0.270766	3,169,303	0	0	65.00
66.00	PHYSICAL THERAPY	0.534751	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.400645	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.507540	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	1.329236	205,096	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.223195	6,450,195	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.461197	1,230,598	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.336166	5,316,609	0	0	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.431610	465,508	0	0	90.00
91.00	EMERGENCY	0.329134	3,772,765	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.637858	1,094,895	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.396976	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)		57,928,506	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		57,928,506	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/24/2012 1:51 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	2,159,599	0	0		50.00
51.00 RECOVERY ROOM	605,796	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	31,625	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,265,825	0	0		54.00
54.01 INTERVENTIONAL RADIOLOGY	610,288	0	0		54.01
54.02 BREAST CENTER	82,799	0	0		54.02
54.03 RADIATION ONCOLOGY	1,506,605	0	0		54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	330,571	0	0		56.00
56.01 ULTRASOUND	163,591	0	0		56.01
57.00 CT SCAN	439,963	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	228,670	0	0		58.00
59.00 CARDIAC CATHETERIZATION	883,230	0	0		59.00
60.00 LABORATORY	196,670	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	236,049	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	752,431	0	0		64.00
64.01 HOME INFUSION	0	0	0		64.01
65.00 RESPIRATORY THERAPY	858,139	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	272,621	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,439,651	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	567,548	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,787,263	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	200,918	0	0		90.00
91.00 EMERGENCY	1,241,745	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	698,388	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	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)	16,559,985	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	16,559,985	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150018 Component CCN: 15S018		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/24/2012 1:51 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,768,589	47,285,933	0.058550	50,863	2,978	50.00
51.00	RECOVERY ROOM	571,672	12,892,650	0.044341	12,859	570	51.00
52.00	DELIVERY ROOM & LABOR ROOM	414,758	4,186,241	0.099076	0	0	52.00
53.00	ANESTHESIOLOGY	162,668	11,091,564	0.014666	13,811	203	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,595,604	12,221,313	0.212383	5,725	1,216	54.00
54.01	INTERVENTIONAL RADIOLOGY	458,559	5,288,112	0.086715	794	69	54.01
54.02	BREAST CENTER	227,462	4,264,192	0.053342	0	0	54.02
54.03	RADIATION ONCOLOGY	736,574	13,914,955	0.052934	0	0	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	68,069	4,813,109	0.014142	2,778	39	56.00
56.01	ULTRASOUND	143,579	5,989,397	0.023972	2,760	66	56.01
57.00	CT SCAN	409,496	34,133,840	0.011997	26,145	314	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	144,306	9,137,774	0.015792	13,356	211	58.00
59.00	CARDIAC CATHETERIZATION	1,579,309	31,030,689	0.050895	0	0	59.00
60.00	LABORATORY	358,745	38,942,885	0.009212	119,394	1,100	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	54,310	9,171,157	0.005922	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	104,546	2,806,675	0.037249	0	0	64.00
64.01	HOME INFUSION	19,977	1,176,295	0.016983	0	0	64.01
65.00	RESPIRATORY THERAPY	466,959	21,914,282	0.021308	34,968	745	65.00
66.00	PHYSICAL THERAPY	178,350	3,572,109	0.049928	4,675	233	66.00
67.00	OCCUPATIONAL THERAPY	87,684	2,387,535	0.036726	3,623	133	67.00
68.00	SPEECH PATHOLOGY	44,200	889,319	0.049701	608	30	68.00
69.00	ELECTROCARDIOLOGY	122,018	408,473	0.298717	41,541	12,409	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	523,511	89,064,295	0.005878	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	199,447	23,868,062	0.008356	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	764,418	50,468,916	0.015146	96,927	1,468	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	181,396	3,479,148	0.052138	7,962	415	90.00
91.00	EMERGENCY	1,312,794	30,091,134	0.043627	22,023	961	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	262,393	3,618,855	0.072507	0	0	92.00
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	54,051	2,122,075	0.025471	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)	15,015,444	480,230,984		460,812	23,160	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:51 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
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	20,428	0	20,428	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02 BREAST CENTER	0	0	0	0	0	54.02
54.03 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ULTRASOUND	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	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
64.01 HOME INFUSION	0	0	0	0	0	64.01
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
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	20,428	0	20,428	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	2,511	0	2,511	92.00
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	20,428	0	20,428	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	63,795	0	63,795	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:51 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	47,285,933	0.000000	0.000000	50,863	50.00
51.00 RECOVERY ROOM	0	12,892,650	0.000000	0.000000	12,859	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	4,186,241	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	20,428	11,091,564	0.001842	0.001842	13,811	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	12,221,313	0.000000	0.000000	5,725	54.00
54.01 INTERVENTIONAL RADIOLOGY	0	5,288,112	0.000000	0.000000	794	54.01
54.02 BREAST CENTER	0	4,264,192	0.000000	0.000000	0	54.02
54.03 RADIATION ONCOLOGY	0	13,914,955	0.000000	0.000000	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	4,813,109	0.000000	0.000000	2,778	56.00
56.01 ULTRASOUND	0	5,989,397	0.000000	0.000000	2,760	56.01
57.00 CT SCAN	0	34,133,840	0.000000	0.000000	26,145	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	9,137,774	0.000000	0.000000	13,356	58.00
59.00 CARDIAC CATHETERIZATION	0	31,030,689	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	38,942,885	0.000000	0.000000	119,394	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	9,171,157	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	2,806,675	0.000000	0.000000	0	64.00
64.01 HOME INFUSION	0	1,176,295	0.000000	0.000000	0	64.01
65.00 RESPIRATORY THERAPY	0	21,914,282	0.000000	0.000000	34,968	65.00
66.00 PHYSICAL THERAPY	0	3,572,109	0.000000	0.000000	4,675	66.00
67.00 OCCUPATIONAL THERAPY	0	2,387,535	0.000000	0.000000	3,623	67.00
68.00 SPEECH PATHOLOGY	0	889,319	0.000000	0.000000	608	68.00
69.00 ELECTROCARDIOLOGY	0	408,473	0.000000	0.000000	41,541	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,064,295	0.000000	0.000000	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	23,868,062	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	50,468,916	0.000000	0.000000	96,927	73.00
74.00 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	3,479,148	0.000000	0.000000	7,962	90.00
91.00 EMERGENCY	20,428	30,091,134	0.000679	0.000679	22,023	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	2,511	3,618,855	0.000694	0.000694	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	20,428	2,122,075	0.009626	0.009626	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)	63,795	480,230,984			460,812	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:51 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	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	25	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02 BREAST CENTER	0	0	0	0	0	54.02
54.03 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ULTRASOUND	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	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
64.01 HOME INFUSION	0	0	0	0	0	64.01
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
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	15	0	0	0	0	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						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)	40	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:51 pm
Title XVIII		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
54.01 INTERVENTIONAL RADIOLOGY	0	0	54.01
54.02 BREAST CENTER	0	0	54.02
54.03 RADIATION ONCOLOGY	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
56.01 ULTRASOUND	0	0	56.01
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	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
64.01 HOME INFUSION	0	0	64.01
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
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	0	0	90.00
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
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150018 Component CCN: 15T018		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/24/2012 1:51 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,768,589	47,285,933	0.058550	5,987	351	50.00
51.00	RECOVERY ROOM	571,672	12,892,650	0.044341	3,270	145	51.00
52.00	DELIVERY ROOM & LABOR ROOM	414,758	4,186,241	0.099076	0	0	52.00
53.00	ANESTHESIOLOGY	162,668	11,091,564	0.014666	1,785	26	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,595,604	12,221,313	0.212383	21,284	4,520	54.00
54.01	INTERVENTIONAL RADIOLOGY	458,559	5,288,112	0.086715	2,134	185	54.01
54.02	BREAST CENTER	227,462	4,264,192	0.053342	0	0	54.02
54.03	RADIATION ONCOLOGY	736,574	13,914,955	0.052934	10,408	551	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	68,069	4,813,109	0.014142	3,368	48	56.00
56.01	ULTRASOUND	143,579	5,989,397	0.023972	21,800	523	56.01
57.00	CT SCAN	409,496	34,133,840	0.011997	33,274	399	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	144,306	9,137,774	0.015792	2,326	37	58.00
59.00	CARDIAC CATHETERIZATION	1,579,309	31,030,689	0.050895	0	0	59.00
60.00	LABORATORY	358,745	38,942,885	0.009212	256,382	2,362	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	54,310	9,171,157	0.005922	68,501	406	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	104,546	2,806,675	0.037249	3,128	117	64.00
64.01	HOME INFUSION	19,977	1,176,295	0.016983	0	0	64.01
65.00	RESPIRATORY THERAPY	466,959	21,914,282	0.021308	191,250	4,075	65.00
66.00	PHYSICAL THERAPY	178,350	3,572,109	0.049928	567,758	28,347	66.00
67.00	OCCUPATIONAL THERAPY	87,684	2,387,535	0.036726	578,231	21,236	67.00
68.00	SPEECH PATHOLOGY	44,200	889,319	0.049701	102,790	5,109	68.00
69.00	ELECTROCARDIOLOGY	122,018	408,473	0.298717	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	523,511	89,064,295	0.005878	151,131	888	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	199,447	23,868,062	0.008356	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	764,418	50,468,916	0.015146	383,080	5,802	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	181,396	3,479,148	0.052138	82,992	4,327	90.00
91.00	EMERGENCY	1,312,794	30,091,134	0.043627	3,766	164	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	262,393	3,618,855	0.072507	0	0	92.00
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	54,051	2,122,075	0.025471	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)	15,015,444	480,230,984		2,494,645	79,618	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:51 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
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	20,428	0	20,428	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02 BREAST CENTER	0	0	0	0	0	54.02
54.03 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ULTRASOUND	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	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
64.01 HOME INFUSION	0	0	0	0	0	64.01
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
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	20,428	0	20,428	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	2,511	0	2,511	92.00
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	20,428	0	20,428	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	63,795	0	63,795	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:51 pm
	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	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	47,285,933	0.000000	0.000000	5,987	50.00
51.00 RECOVERY ROOM	0	12,892,650	0.000000	0.000000	3,270	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	4,186,241	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	20,428	11,091,564	0.001842	0.001842	1,785	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	12,221,313	0.000000	0.000000	21,284	54.00
54.01 INTERVENTIONAL RADIOLOGY	0	5,288,112	0.000000	0.000000	2,134	54.01
54.02 BREAST CENTER	0	4,264,192	0.000000	0.000000	0	54.02
54.03 RADIATION ONCOLOGY	0	13,914,955	0.000000	0.000000	10,408	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	4,813,109	0.000000	0.000000	3,368	56.00
56.01 ULTRASOUND	0	5,989,397	0.000000	0.000000	21,800	56.01
57.00 CT SCAN	0	34,133,840	0.000000	0.000000	33,274	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	9,137,774	0.000000	0.000000	2,326	58.00
59.00 CARDIAC CATHETERIZATION	0	31,030,689	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	38,942,885	0.000000	0.000000	256,382	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	9,171,157	0.000000	0.000000	68,501	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	2,806,675	0.000000	0.000000	3,128	64.00
64.01 HOME INFUSION	0	1,176,295	0.000000	0.000000	0	64.01
65.00 RESPIRATORY THERAPY	0	21,914,282	0.000000	0.000000	191,250	65.00
66.00 PHYSICAL THERAPY	0	3,572,109	0.000000	0.000000	567,758	66.00
67.00 OCCUPATIONAL THERAPY	0	2,387,535	0.000000	0.000000	578,231	67.00
68.00 SPEECH PATHOLOGY	0	889,319	0.000000	0.000000	102,790	68.00
69.00 ELECTROCARDIOLOGY	0	408,473	0.000000	0.000000	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,064,295	0.000000	0.000000	151,131	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	23,868,062	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	50,468,916	0.000000	0.000000	383,080	73.00
74.00 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	3,479,148	0.000000	0.000000	82,992	90.00
91.00 EMERGENCY	20,428	30,091,134	0.000679	0.000679	3,766	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	2,511	3,618,855	0.000694	0.000694	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	20,428	2,122,075	0.009626	0.009626	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)	63,795	480,230,984			2,494,645	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:51 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	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	3	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02 BREAST CENTER	0	0	0	0	0	54.02
54.03 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ULTRASOUND	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	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
64.01 HOME INFUSION	0	0	0	0	0	64.01
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
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	3	0	0	0	0	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						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)	6	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:51 pm
	Title XVIII	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
54.01 INTERVENTIONAL RADIOLOGY	0	0	54.01
54.02 BREAST CENTER	0	0	54.02
54.03 RADIATION ONCOLOGY	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
56.01 ULTRASOUND	0	0	56.01
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	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
64.01 HOME INFUSION	0	0	64.01
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
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	0	0	90.00
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
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/24/2012 1:51 pm
	Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges			
			Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.345845	0	2,028,177	0		50.00
51.00 RECOVERY ROOM	0.368105	0	848,341	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.658765	0	970	0		52.00
53.00 ANESTHESIOLOGY	0.051451	0	378,840	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.537552	0	1,678,926	0		54.00
54.01 INTERVENTIONAL RADIOLOGY	0.421010	0	321,970	0		54.01
54.02 BREAST CENTER	0.386098	0	170,161	0		54.02
54.03 RADIATION ONCOLOGY	0.238978	0	1,415,842	0		54.03
55.00 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0		55.00
56.00 RADIOISOTOPE	0.217165	0	304,061	0		56.00
56.01 ULTRASOUND	0.323153	0	1,566,851	0		56.01
57.00 CT SCAN	0.070414	0	3,694,612	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.134726	0	831,941	0		58.00
59.00 CARDIAC CATHETERIZATION	0.183007	0	351,565	0		59.00
60.00 LABORATORY	0.309766	0	4,166,299	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	0.247558	0	213,625	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0.747229	0	435,096	0		64.00
64.01 HOME INFUSION	0.607901	0	0	0		64.01
65.00 RESPIRATORY THERAPY	0.270766	0	1,153,486	0		65.00
66.00 PHYSICAL THERAPY	0.534751	0	236,177	0		66.00
67.00 OCCUPATIONAL THERAPY	0.400645	0	88,011	0		67.00
68.00 SPEECH PATHOLOGY	0.507540	0	47,640	0		68.00
69.00 ELECTROCARDIOLOGY	1.329236	0	13,988	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.223195	0	3,073,798	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.461197	0	1,868,000	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.336166	0	2,398,631	0		73.00
74.00 RENAL DIALYSIS	0.000000	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0.431610	0	76,052	0		90.00
91.00 EMERGENCY	0.329134	0	6,729,867	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.637858	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0.000000	0	0	0		94.00
95.00 AMBULANCE SERVICES	0.000000	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0.396976	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	34,092,927	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	34,092,927	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/24/2012 1:51 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs			Hospital	Cost
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	701,435	0		50.00
51.00 RECOVERY ROOM	0	312,279	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	639	0		52.00
53.00 ANESTHESIOLOGY	0	19,492	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	902,510	0		54.00
54.01 INTERVENTIONAL RADIOLOGY	0	135,553	0		54.01
54.02 BREAST CENTER	0	65,699	0		54.02
54.03 RADIATION ONCOLOGY	0	338,355	0		54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	66,031	0		56.00
56.01 ULTRASOUND	0	506,333	0		56.01
57.00 CT SCAN	0	260,152	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	112,084	0		58.00
59.00 CARDIAC CATHETERIZATION	0	64,339	0		59.00
60.00 LABORATORY	0	1,290,578	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	52,885	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	325,116	0		64.00
64.01 HOME INFUSION	0	0	0		64.01
65.00 RESPIRATORY THERAPY	0	312,325	0		65.00
66.00 PHYSICAL THERAPY	0	126,296	0		66.00
67.00 OCCUPATIONAL THERAPY	0	35,261	0		67.00
68.00 SPEECH PATHOLOGY	0	24,179	0		68.00
69.00 ELECTROCARDIOLOGY	0	18,593	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	686,056	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	861,516	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	806,338	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	32,825	0		90.00
91.00 EMERGENCY	0	2,215,028	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	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	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	10,271,897	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	10,271,897	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2012 1:51 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		42,077	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		42,077	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)		42,077	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)		18,908	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)		37,558,790	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)		37,558,790	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		66,816,241	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		66,816,241	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.562121	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)		1,587.95	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)		37,558,790	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)		892.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,877,659	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		16,877,659	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		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	8,356,011	4,458	1,874.39	1,870	3,505,109	43.00
43.01	NURSERY INTENSIVE CARE	1,200,272	903	1,329.20	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					33,211,950	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					53,594,718	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)					2,156,885	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,984,311	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,141,196	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					48,453,522	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,586	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					892.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,308,315	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/24/2012 1:51 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,269,428	37,558,790	0.113673	2,308,315	262,393	90.00
91.00	Nursing School cost	0	37,558,790	0.000000	2,308,315	0	91.00
92.00	Allied health cost	40,854	37,558,790	0.001088	2,308,315	2,511	92.00
93.00	All other Medical Education	0	37,558,790	0.000000	2,308,315	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15S018		Date/Time Prepared: 5/24/2012 1:51 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,016	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,016	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)		2,016	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)		688	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)		2,583,670	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)		2,583,670	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,461,292	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,461,292	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.746447	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)		1,716.91	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)		2,583,670	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)		1,281.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		881,727	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)		881,727	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15S018				Date/Time Prepared: 5/24/2012 1:51 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NURSERY INTENSIVE CARE	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					180,943		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,062,670		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)					126,048		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					23,200		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					149,248		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					913,422		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		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: 150018		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15S018				Date/Time Prepared: 5/24/2012 1:51 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	369,345	2,583,670	0.142954	0	0	90.00
91.00	Nursing School cost	0	2,583,670	0.000000	0	0	91.00
92.00	Allied health cost	0	2,583,670	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,583,670	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T018		Date/Time Prepared: 5/24/2012 1:51 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,317	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,317	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,317	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)		1,987	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)		2,767,526	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)		2,767,526	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,363,297	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,363,297	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.634274	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)		1,315.43	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)		2,767,526	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)		834.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,657,853	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)		1,657,853	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T018				Date/Time Prepared: 5/24/2012 1:51 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NURSERY INTENSIVE CARE	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					966,281		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,624,134		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)					192,302		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					79,624		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					271,926		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,352,208		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		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: 150018 Component CCN: 15T018		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/24/2012 1:51 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	321,029	2,767,526	0.115999	0	0	90.00
91.00	Nursing School cost	0	2,767,526	0.000000	0	0	91.00
92.00	Allied health cost	0	2,767,526	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,767,526	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2012 1:51 pm
Cost Center Description		Cost		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		42,077	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		42,077	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)		42,077	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)		4,056	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,050	15.00
16.00	Nursery days (title V or XIX only)		314	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)		37,548,817	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)		37,548,817	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		66,816,241	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		66,816,241	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.561971	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)		1,587.95	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)		37,548,817	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)		892.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,619,493	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)		3,619,493	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 1:51 pm		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,943,664	3,050	965.14	314	303,054	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,356,011	4,458	1,874.39	458	858,471	43.00
43.01	NURSERY INTENSIVE CARE	1,200,272	903	1,329.20	93	123,616	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,461,445	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					13,366,079	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,586	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					892.38	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,307,695	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/24/2012 1:51 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15S018		Date/Time Prepared: 5/24/2012 1:51 pm
		Title XIX	Subprovider - IPF	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)		2,016	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,016	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)		2,016	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)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,050	15.00
16.00	Nursery days (title V or XIX only)		314	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)		2,583,670	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)		2,583,670	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,461,292	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,461,292	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.746447	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)		1,716.91	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)		2,583,670	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)		1,281.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15S018				Date/Time Prepared: 5/24/2012 1:51 pm	
		Title XIX		Subprovider - IPF		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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NURSERY INTENSIVE CARE	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					76,499		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					76,499		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: 150018 Component CCN: 15S018		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/24/2012 1:51 pm	
		Title XIX		Subprovider - IPF		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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T018		Date/Time Prepared: 5/24/2012 1:51 pm
		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)		3,317	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,317	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,317	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)		192	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,050	15.00
16.00	Nursery days (title V or XIX only)		314	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)		2,767,526	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)		2,767,526	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,363,297	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,363,297	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.634274	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)		1,315.43	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)		2,767,526	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)		834.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		160,195	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)		160,195	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T018				Date/Time Prepared: 5/24/2012 1:51 pm	
		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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NURSERY INTENSIVE CARE	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					88,693		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					248,888		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: 150018 Component CCN: 15T018		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/24/2012 1:51 pm	
		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: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/24/2012 1:51 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		30,785,529		30.00
31.00	INTENSIVE CARE UNIT		6,666,244		31.00
31.01	NURSERY INTENSIVE CARE		0		31.01
40.00	SUBPROVIDER - IPF		10,598		40.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.345845	18,847,608	6,518,351	50.00
51.00	RECOVERY ROOM	0.368105	1,187,496	437,123	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.658765	0	0	52.00
53.00	ANESTHESIOLOGY	0.051451	1,821,038	93,694	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.537552	1,582,791	850,832	54.00
54.01	INTERVENTIONAL RADIOLOGY	0.421010	1,062,083	447,148	54.01
54.02	BREAST CENTER	0.386098	4,234	1,635	54.02
54.03	RADIATION ONCOLOGY	0.238978	297,905	71,193	54.03
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.217165	817,142	177,455	56.00
56.01	ULTRASOUND	0.323153	509,564	164,667	56.01
57.00	CT SCAN	0.070414	4,121,948	290,243	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.134726	833,011	112,228	58.00
59.00	CARDIAC CATHETERIZATION	0.183173	5,692,446	1,042,702	59.00
60.00	LABORATORY	0.309766	9,946,814	3,081,185	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	0.247558	3,624,323	897,230	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.747229	315,867	236,025	64.00
64.01	HOME INFUSION	0.607901	0	0	64.01
65.00	RESPIRATORY THERAPY	0.271477	7,267,531	1,972,968	65.00
66.00	PHYSICAL THERAPY	0.534751	723,402	386,840	66.00
67.00	OCCUPATIONAL THERAPY	0.400645	499,495	200,120	67.00
68.00	SPEECH PATHOLOGY	0.507540	192,095	97,496	68.00
69.00	ELECTROCARDIOLOGY	1.331204	190	253	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.223195	22,641,536	5,053,478	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.461197	8,065,825	3,719,934	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.336166	18,217,130	6,123,980	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.431610	994,370	429,180	90.00
91.00	EMERGENCY	0.331649	2,113,188	700,837	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.637858	164,854	105,153	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	0.396976	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)		111,543,886	33,211,950	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)		111,543,886		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15S018		Date/Time Prepared: 5/24/2012 1:51 pm	
		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
31.01	NURSERY INTENSIVE CARE		0		31.01
40.00	SUBPROVIDER - IPF		1,049,081		40.00
41.00	SUBPROVIDER - IRF		2,019		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.345845	50,863	17,591	50.00
51.00	RECOVERY ROOM	0.368105	12,859	4,733	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.658765	0	0	52.00
53.00	ANESTHESIOLOGY	0.051451	13,811	711	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.537552	5,725	3,077	54.00
54.01	INTERVENTIONAL RADIOLOGY	0.421010	794	334	54.01
54.02	BREAST CENTER	0.386098	0	0	54.02
54.03	RADIATION ONCOLOGY	0.238978	0	0	54.03
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.217165	2,778	603	56.00
56.01	ULTRASOUND	0.323153	2,760	892	56.01
57.00	CT SCAN	0.070414	26,145	1,841	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.134726	13,356	1,799	58.00
59.00	CARDIAC CATHETERIZATION	0.183173	0	0	59.00
60.00	LABORATORY	0.309766	119,394	36,984	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	0.247558	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.747229	0	0	64.00
64.01	HOME INFUSION	0.607901	0	0	64.01
65.00	RESPIRATORY THERAPY	0.271477	34,968	9,493	65.00
66.00	PHYSICAL THERAPY	0.534751	4,675	2,500	66.00
67.00	OCCUPATIONAL THERAPY	0.400645	3,623	1,452	67.00
68.00	SPEECH PATHOLOGY	0.507540	608	309	68.00
69.00	ELECTROCARDIOLOGY	1.331204	41,541	55,300	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.223195	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.461197	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.336166	96,927	32,584	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.431610	7,962	3,436	90.00
91.00	EMERGENCY	0.331649	22,023	7,304	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.637858	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	0.396976	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)		460,812	180,943	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)		460,812		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T018		Date/Time Prepared: 5/24/2012 1:51 pm	
		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		571		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	NURSERY INTENSIVE CARE		0		31.01
40.00	SUBPROVIDER - 1PF		0		40.00
41.00	SUBPROVIDER - IRF		2,559,687		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.345845	5,987	2,071	50.00
51.00	RECOVERY ROOM	0.368105	3,270	1,204	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.658765	0	0	52.00
53.00	ANESTHESIOLOGY	0.051451	1,785	92	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.537552	21,284	11,441	54.00
54.01	INTERVENTIONAL RADIOLOGY	0.421010	2,134	898	54.01
54.02	BREAST CENTER	0.386098	0	0	54.02
54.03	RADIATION ONCOLOGY	0.238978	10,408	2,487	54.03
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.217165	3,368	731	56.00
56.01	ULTRASOUND	0.323153	21,800	7,045	56.01
57.00	CT SCAN	0.070414	33,274	2,343	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.134726	2,326	313	58.00
59.00	CARDIAC CATHETERIZATION	0.183173	0	0	59.00
60.00	LABORATORY	0.309766	256,382	79,418	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	0.247558	68,501	16,958	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.747229	3,128	2,337	64.00
64.01	HOME INFUSION	0.607901	0	0	64.01
65.00	RESPIRATORY THERAPY	0.271477	191,250	51,920	65.00
66.00	PHYSICAL THERAPY	0.534751	567,758	303,609	66.00
67.00	OCCUPATIONAL THERAPY	0.400645	578,231	231,665	67.00
68.00	SPEECH PATHOLOGY	0.507540	102,790	52,170	68.00
69.00	ELECTROCARDIOLOGY	1.331204	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.223195	151,131	33,732	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.461197	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.336166	383,080	128,778	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.431610	82,992	35,820	90.00
91.00	EMERGENCY	0.331649	3,766	1,249	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.637858	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	0.396976	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)		2,494,645	966,281	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)		2,494,645		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/24/2012 1:51 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		13,230,999		30.00
31.00	INTENSIVE CARE UNIT		1,644,150		31.00
31.01	NURSERY INTENSIVE CARE		1,647,028		31.01
40.00	SUBPROVIDER - IPF		715		40.00
41.00	SUBPROVIDER - IRF		3,485		41.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.345845	3,330,766	1,151,929	50.00
51.00	RECOVERY ROOM	0.368105	311,132	114,529	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.658765	120	79	52.00
53.00	ANESTHESIOLOGY	0.051451	604,910	31,123	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.537552	332,485	178,728	54.00
54.01	INTERVENTIONAL RADIOLOGY	0.421010	350,897	147,731	54.01
54.02	BREAST CENTER	0.386098	2,375	917	54.02
54.03	RADIATION ONCOLOGY	0.238978	124,886	29,845	54.03
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.217165	140,179	30,442	56.00
56.01	ULTRASOUND	0.323153	223,555	72,242	56.01
57.00	CT SCAN	0.070414	1,039,692	73,209	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.134726	230,349	31,034	58.00
59.00	CARDIAC CATHETERIZATION	0.183007	517,698	94,742	59.00
60.00	LABORATORY	0.309766	3,159,933	978,840	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	0.247558	781,269	193,409	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.747229	97,575	72,911	64.00
64.01	HOME INFUSION	0.607901	0	0	64.01
65.00	RESPIRATORY THERAPY	0.270766	2,077,337	562,472	65.00
66.00	PHYSICAL THERAPY	0.534751	98,767	52,816	66.00
67.00	OCCUPATIONAL THERAPY	0.400645	70,884	28,399	67.00
68.00	SPEECH PATHOLOGY	0.507540	33,855	17,183	68.00
69.00	ELECTROCARDIOLOGY	1.329236	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.223195	4,475,128	998,826	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.461197	2,719,611	1,254,276	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.336166	5,779,123	1,942,745	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.431610	261,996	113,080	90.00
91.00	EMERGENCY	0.329134	880,913	289,938	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.637858	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	0.396976	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)		27,645,435	8,461,445	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)		27,645,435		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15S018		Date/Time Prepared: 5/24/2012 1:51 pm	
		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		1,723		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	NURSERY INTENSIVE CARE		0		31.01
40.00	SUBPROVIDER - IPF		505,561		40.00
41.00	SUBPROVIDER - IRF		2,019		41.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.345845	18,900	6,536	50.00
51.00	RECOVERY ROOM	0.368105	7,835	2,884	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.658765	0	0	52.00
53.00	ANESTHESIOLOGY	0.051451	5,508	283	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.537552	3,113	1,673	54.00
54.01	INTERVENTIONAL RADIOLOGY	0.421010	0	0	54.01
54.02	BREAST CENTER	0.386098	0	0	54.02
54.03	RADIATION ONCOLOGY	0.238978	0	0	54.03
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.217165	1,927	418	56.00
56.01	ULTRASOUND	0.323153	9,323	3,013	56.01
57.00	CT SCAN	0.070414	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.134726	13,340	1,797	58.00
59.00	CARDIAC CATHETERIZATION	0.183007	667	122	59.00
60.00	LABORATORY	0.309766	0	0	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	0.247558	80,688	19,975	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.747229	169	126	64.00
64.01	HOME INFUSION	0.607901	0	0	64.01
65.00	RESPIRATORY THERAPY	0.270766	0	0	65.00
66.00	PHYSICAL THERAPY	0.534751	12,787	6,838	66.00
67.00	OCCUPATIONAL THERAPY	0.400645	238	95	67.00
68.00	SPEECH PATHOLOGY	0.507540	555	282	68.00
69.00	ELECTROCARDIOLOGY	1.329236	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.223195	11,520	2,571	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.461197	7,001	3,229	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.336166	45,305	15,230	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.431610	3,133	1,352	90.00
91.00	EMERGENCY	0.329134	30,611	10,075	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.637858	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	0.396976	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)		252,620	76,499	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)		252,620		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T018		Date/Time Prepared: 5/24/2012 1:51 pm	
		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
31.01	NURSERY INTENSIVE CARE		0		31.01
40.00	SUBPROVIDER - 1PF		0		40.00
41.00	SUBPROVIDER - IRF		299,984		41.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.345845	0	0	50.00
51.00	RECOVERY ROOM	0.368105	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.658765	0	0	52.00
53.00	ANESTHESIOLOGY	0.051451	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.537552	2,243	1,206	54.00
54.01	INTERVENTIONAL RADIOLOGY	0.421010	0	0	54.01
54.02	BREAST CENTER	0.386098	0	0	54.02
54.03	RADIATION ONCOLOGY	0.238978	0	0	54.03
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.217165	1,950	423	56.00
56.01	ULTRASOUND	0.323153	0	0	56.01
57.00	CT SCAN	0.070414	4,733	333	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.134726	3,151	425	58.00
59.00	CARDIAC CATHETERIZATION	0.183007	31,077	5,687	59.00
60.00	LABORATORY	0.309766	0	0	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	0.247558	14,782	3,659	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.747229	4,047	3,024	64.00
64.01	HOME INFUSION	0.607901	0	0	64.01
65.00	RESPIRATORY THERAPY	0.270766	0	0	65.00
66.00	PHYSICAL THERAPY	0.534751	17,439	9,326	66.00
67.00	OCCUPATIONAL THERAPY	0.400645	55,663	22,301	67.00
68.00	SPEECH PATHOLOGY	0.507540	55,861	28,352	68.00
69.00	ELECTROCARDIOLOGY	1.329236	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.223195	7,644	1,706	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.461197	4,645	2,142	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.336166	24,438	8,215	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.431610	4,388	1,894	90.00
91.00	EMERGENCY	0.329134	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.637858	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	0.396976	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)		232,061	88,693	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)		232,061		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/24/2012 1:51 pm
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		36,541,072	1.00
2.00	Outlier payments for discharges. (see instructions)		1,192,752	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		253.92	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.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	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)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	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.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	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		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.99	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		21.25	31.00
32.00	Sum of lines 30 and 31		24.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.21	33.00
34.00	Disproportionate share adjustment (see instructions)		3,365,433	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)		1,511.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		41,099,257	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)		41,099,257	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,298,914	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).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		18,341	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/24/2012 1:51 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			4,903 58.00
59.00	Total (sum of amounts on lines 49 through 58)			44,421,415 59.00
60.00	Primary payer payments			18,770 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			44,402,645 61.00
62.00	Deductibles billed to program beneficiaries			3,875,724 62.00
63.00	Coinsurance billed to program beneficiaries			71,874 63.00
64.00	Allowable bad debts (see instructions)			686,499 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			480,549 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			571,573 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			40,935,596 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)			40,935,596 71.00
72.00	Interim payments			40,407,230 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)			528,366 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			452,632 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: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 1:51 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,555,531	2.00
3.00	PPS payments		14,018,604	3.00
4.00	Outlier payment (see instructions)		303,397	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.832	5.00
6.00	Line 2 times line 5		13,774,202	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		4,454	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)		14,326,455	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)		3,043,313	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)		11,283,142	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)		11,283,142	30.00
31.00	Primary payer payments		2,480	31.00
32.00	Subtotal (line 30 minus line 31)		11,280,662	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)		473,990	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		331,793	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		442,933	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		11,612,455	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-101	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)		11,612,556	40.00
41.00	Interim payments		11,546,592	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)		65,964	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: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 1:51 pm
		Title XVIII	Hospital	PPS
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 1:51 pm
		Component CCN: 15S018	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: 150018 Component CCN: 15S018	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 1:51 pm
	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: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 1:51 pm
		Component CCN: 15T018	Title XVIII	Subprovider - IRF 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: 150018 Component CCN: 15T018	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 1:51 pm
	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: 150018

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2012 1:51 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		40,048,454		11,482,266	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/05/2011	180,577	07/05/2011	46,748	3.01	
3.02		12/15/2011	178,199	12/15/2011	17,578	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)		358,776		64,326	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)		40,407,230		11,546,592	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		528,366		65,964	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		40,935,596		11,612,556	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: 150018

Period: From 01/01/2011

Worksheet E-1

Component CCN: 15S018

To 12/31/2011

Part I
Date/Time Prepared:
5/24/2012 1:51 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		522,315		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		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)		522,315		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		20,658		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		542,973		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: 150018

Period: From 01/01/2011

Worksheet E-1

Component CCN: 15T018

To 12/31/2011

Part I
Date/Time Prepared:
5/24/2012 1:51 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,452,843		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	07/05/2011	8,529		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)		-8,529		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)		2,444,314		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		41,601		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,485,915		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/24/2012 1:51 pm
		Component CCN: 15S018	Title XVII	Subprovider - IPF
				PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			552,843 1.00
2.00	Net IPF PPS Outlier Payments			59,833 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			5,523,288 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)			612,676 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)			612,676 16.00
17.00	Primary payer payments			966 17.00
18.00	Subtotal (line 16 less line 17).			611,710 18.00
19.00	Deductibles			89,396 19.00
20.00	Subtotal (line 18 minus line 19)			522,314 20.00
21.00	Coinurance			0 21.00
22.00	Subtotal (line 20 minus line 21)			522,314 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			29,455 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			20,619 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			25,023 25.00
26.00	Subtotal (sum of lines 22 and 24)			542,933 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)			40 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)			542,973 31.00
32.00	Interim payments			522,315 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)			20,658 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: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/24/2012 1:51 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		2,322,402	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0240	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		111,608	3.00
4.00	Outlier Payments		87,557	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)		9.087671	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)		2,521,567	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)		2,521,567	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		2,521,567	19.00
20.00	Deductibles		33,960	20.00
21.00	Subtotal (line 19 minus line 20)		2,487,607	21.00
22.00	Coinsurance		1,698	22.00
23.00	Subtotal (line 21 minus line 22)		2,485,909	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		2,485,909	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)		6	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)		2,485,915	32.00
33.00	Interim payments		2,444,314	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)		41,601	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: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2012 1:51 pm
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		13,366,079	1.00
2.00	Medical and other services		10,271,897	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		23,637,976	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)		23,637,976	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		14,878,027	8.00
9.00	Ancillary service charges		61,738,362	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)		76,616,389	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)		76,616,389	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		52,978,413	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)		23,637,976	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.		23,637,976	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)		23,637,976	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)		23,637,976	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		23,637,976	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)		23,637,976	40.00
41.00	Interim payments		23,637,976	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2012 1:51 pm
		Component CCN: 15S018	Title XIX	Subprovider - IPF
				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		76,499	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)		76,499	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)		76,499	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		299,984	8.00
9.00	Ancillary service charges		252,620	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)		552,604	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)		552,604	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		476,105	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)		76,499	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.		76,499	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)		76,499	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)		76,499	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		76,499	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)		76,499	40.00
41.00	Interim payments		76,499	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2012 1:51 pm
		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		248,888	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)		248,888	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)		248,888	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		505,561	8.00
9.00	Ancillary service charges		232,061	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)		737,622	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)		737,622	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		488,734	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)		248,888	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.		248,888	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)		248,888	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)		248,888	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		248,888	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)		248,888	40.00
41.00	Interim payments		248,888	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 150018

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

Worksheet G

Date/Time Prepared:
5/24/2012 1:51 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	40,674,185	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	83,813,770	0	0	0	4.00
5.00	Other receivable	3,144,249	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-40,807,255	0	0	0	6.00
7.00	Inventory	6,689,720	0	0	0	7.00
8.00	Prepaid expenses	6,142,682	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	99,657,351	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,347,650	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	172,372,433	0	0	0	15.00
16.00	Accumulated depreciation	-171,993,008	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	125,122,966	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	131,850,041	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,489,199	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	160,494,923	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	164,984,122	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	396,491,514	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,120,920	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,500,525	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,195,000	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	3,002,671	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,819,116	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	82,275,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	66,166,307	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	148,441,307	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	178,260,423	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	218,231,091				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	218,231,091	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	396,491,514	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150018

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

Worksheet G-1

Date/Time Prepared:
5/24/2012 1:51 pm

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
		1.00	Fund balances at beginning of period		269,187,981		
2.00	Net income (loss) (From Wkst. G-3, line 29)		-12,834,816			2.00	
3.00	Total (sum of line 1 and line 2)		256,353,165		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	Total additions (sum of line 4-9)		0		0	10.00	
11.00	Subtotal (line 3 plus line 10)		256,353,165		0	11.00	
12.00	RESTRICTED FUND ADJUSTMENT	154,106		0		12.00	
13.00	CHANGE IN PENSION LIABILITY	37,967,968		0		13.00	
14.00		0		0		14.00	
15.00		0		0		15.00	
16.00		0		0		16.00	
17.00		0		0		17.00	
18.00	Total deductions (sum of lines 12-17)		38,122,074		0	18.00	
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		218,231,091		0	19.00	

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150018

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

Worksheet G-1

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150018

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

Worksheet G-2 Parts

Date/Time Prepared:
5/24/2012 1:51 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	66,816,241		66,816,241	1.00
2.00	SUBPROVIDER - IPF	3,461,292		3,461,292	2.00
3.00	SUBPROVIDER - IRF	4,363,297		4,363,297	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	74,640,830		74,640,830	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,952,705		13,952,705	11.00
11.01	NURSERY INTENSIVE CARE	2,330,895		2,330,895	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	16,283,600		16,283,600	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	90,924,430		90,924,430	17.00
18.00	Ancillary services	240,111,063	276,517,288	516,628,351	18.00
19.00	Outpatient services	0	2,122,075	2,122,075	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		3,683,366	3,683,366	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
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)	331,035,493	282,322,729	613,358,222	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		242,941,056		29.00
30.00	PROVISION FOR BAD DEBT	18,369,211			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)		18,369,211		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)		261,310,267		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150018

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

Worksheet G-3

Date/Time Prepared:
5/24/2012 1:51 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	613,358,222	1.00
2.00	Less contractual allowances and discounts on patients' accounts	373,595,925	2.00
3.00	Net patient revenues (line 1 minus line 2)	239,762,297	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	261,310,267	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-21,547,970	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	10,761,114	24.00
24.01	NON-OPERATING REVENUE (LOSS)	-2,047,960	24.01
25.00	Total other income (sum of lines 6-24)	8,713,154	25.00
26.00	Total (line 5 plus line 25)	-12,834,816	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)	-12,834,816	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150018

Period: From 01/01/2011

Worksheet H

HHA CCN: 157202

To 12/31/2011

Date/Time Prepared:
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Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	1.00
2.00	Capital Related - Movable Equipment		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	412,376	0	75,250	12,683	131,486 5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	691,978	0	0	0	6.00
7.00	Physical Therapy	82,455	0	0	0	7.00
8.00	Occupational Therapy	47,062	0	0	0	8.00
9.00	Speech Pathology	24,725	0	0	0	9.00
10.00	Medical Social Services	28,886	0	0	0	10.00
11.00	Home Health Aide	319,975	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	63,625	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,607,457	0	75,250	12,683	195,111 24.00

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150018

Period: From 01/01/2011

Worksheet H

HHA CCN: 157202

To 12/31/2011

Date/Time Prepared: 5/24/2012 1:51 pm

Home Health Agency I

PPS

	Total (sum of col. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00 Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	4.00
5.00 Administrative and General	631,795	-59,267	572,528	0	572,528	5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	691,978	0	691,978	0	691,978	6.00
7.00 Physical Therapy	82,455	0	82,455	0	82,455	7.00
8.00 Occupational Therapy	47,062	0	47,062	0	47,062	8.00
9.00 Speech Pathology	24,725	0	24,725	0	24,725	9.00
10.00 Medical Social Services	28,886	0	28,886	0	28,886	10.00
11.00 Home Health Aide	319,975	0	319,975	0	319,975	11.00
12.00 Supplies (see instructions)	63,625	-43,129	20,496	0	20,496	12.00
13.00 Drugs	0	0	0	0	0	13.00
14.00 DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	23.00
24.00 Total (sum of lines 1-23)	1,890,501	-102,396	1,788,105	0	1,788,105	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 150018	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 5/24/2012 1:51 pm
	HHA CCN: 157202	To 12/31/2011	
		Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	572,528	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	691,978	0	0	0	6.00
7.00	Physical Therapy	82,455	0	0	0	7.00
8.00	Occupational Therapy	47,062	0	0	0	8.00
9.00	Speech Pathology	24,725	0	0	0	9.00
10.00	Medical Social Services	28,886	0	0	0	10.00
11.00	Home Health Aide	319,975	0	0	0	11.00
12.00	Supplies (see instructions)	20,496	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,788,105	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150018	Period: From 01/01/2011	Worksheet H-1
		HHA CCN: 157202	To 12/31/2011	Part I
			Home Health Agency I	Date/Time Prepared: 5/24/2012 1:51 pm
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	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	572,528	572,528	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	691,978	325,917	1,017,895
7.00	Physical Therapy	82,455	38,836	121,291
8.00	Occupational Therapy	47,062	22,166	69,228
9.00	Speech Pathology	24,725	11,645	36,370
10.00	Medical Social Services	28,886	13,605	42,491
11.00	Home Health Aide	319,975	150,706	470,681
12.00	Supplies (see instructions)	20,496	9,653	30,149
13.00	Drugs	0	0	0
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others (specify)	0	0	0
24.00	Total (sum of lines 1-23)	1,215,577		1,788,105

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150018

Period:

Worksheet H-1

HHA CCN: 157202

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

Part II
Date/Time Prepared:
5/24/2012 1:51 pm

Home Health
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		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	9,107				0	1.00
2.00	Capital Related - Movable Equipment		10,590			0	2.00
3.00	Plant Operation & Maintenance	0	0	9,107		0	3.00
4.00	Transportation (see instructions)	0	0	0	75,250		4.00
5.00	Administrative and General	9,107	10,590	9,107	75,250	-572,528	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	9,107	10,590	9,107	75,250	-572,528	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150018

Period:

Worksheet H-1

HHA CCN: 157202

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

Part II
Date/Time Prepared:
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		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	1,215,577	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	691,978	6.00
7.00	Physical Therapy	82,455	7.00
8.00	Occupational Therapy	47,062	8.00
9.00	Speech Pathology	24,725	9.00
10.00	Medical Social Services	28,886	10.00
11.00	Home Health Aide	319,975	11.00
12.00	Supplies (see instructions)	20,496	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	1,215,577	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	572,528	25.00
26.00	Unit Cost Multiplier	0.470993	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150018	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 157202	To 12/31/2011	Part I
				Date/Time Prepared: 5/24/2012 1:51 pm
			Home Health Agency I	PPS

	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
	0			4.00	4A		
1.00	Administrative and General	0	143,046	17,728	131,814	292,588	1.00
2.00	Skilled Nursing Care	1,017,895	0	0	255,643	1,273,538	2.00
3.00	Physical Therapy	121,291	0	0	30,462	151,753	3.00
4.00	Occupational Therapy	69,228	0	0	17,386	86,614	4.00
5.00	Speech Pathology	36,370	0	0	9,134	45,504	5.00
6.00	Medical Social Services	42,491	0	0	10,672	53,163	6.00
7.00	Home Health Aide	470,681	0	0	118,211	588,892	7.00
8.00	Supplies (see instructions)	30,149	0	0	0	30,149	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,788,105	143,046	17,728	573,322	2,522,201	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000	21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150018	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 157202	To 12/31/2011	Part I
				Date/Time Prepared: 5/24/2012 1:51 pm
			Home Health Agency I	PPS

	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
1.00 Administrative and General	43,672	0	227,788	0	56,325	1.00
2.00 Skilled Nursing Care	190,089	0	0	0	0	2.00
3.00 Physical Therapy	22,651	0	0	0	0	3.00
4.00 Occupational Therapy	12,928	0	0	0	0	4.00
5.00 Speech Pathology	6,792	0	0	0	0	5.00
6.00 Medical Social Services	7,935	0	0	0	0	6.00
7.00 Home Health Aide	87,899	0	0	0	0	7.00
8.00 Supplies (see instructions)	4,500	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	376,466	0	227,788	0	56,325	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150018	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 157202	To 12/31/2011	Part I
				Date/Time Prepared: 5/24/2012 1:51 pm
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	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
1.00 Administrative and General	0	0	0	0	967	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	967	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150018

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157202

To 12/31/2011

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

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150018

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157202

To 12/31/2011

Part I
Date/Time Prepared:
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Home Health
Agency I

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		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	621,340	0	621,340			1.00
2.00	Skilled Nursing Care	1,463,627	0	1,463,627	354,905	1,818,532	2.00
3.00	Physical Therapy	174,404	0	174,404	42,290	216,694	3.00
4.00	Occupational Therapy	99,542	0	99,542	24,137	123,679	4.00
5.00	Speech Pathology	52,296	0	52,296	12,681	64,977	5.00
6.00	Medical Social Services	61,098	0	61,098	14,815	75,913	6.00
7.00	Home Health Aide	676,791	0	676,791	164,110	840,901	7.00
8.00	Supplies (see instructions)	34,649	0	34,649	8,402	43,051	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	3,183,747	0	3,183,747	621,340	3,183,747	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.242483		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150018
HHA CCN: 157202

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

Worksheet H-2
Part II
Date/Time Prepared:
5/24/2012 1:51 pm

		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	5A	5.00	
1.00	Administrative and General	9,107	10,590	356,798	0	292,588	1.00
2.00	Skilled Nursing Care	0	0	691,978	0	1,273,538	2.00
3.00	Physical Therapy	0	0	82,455	0	151,753	3.00
4.00	Occupational Therapy	0	0	47,062	0	86,614	4.00
5.00	Speech Pathology	0	0	24,725	0	45,504	5.00
6.00	Medical Social Services	0	0	28,886	0	53,163	6.00
7.00	Home Health Aide	0	0	319,975	0	588,892	7.00
8.00	Supplies (see instructions)	0	0	0	0	30,149	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	9,107	10,590	1,551,879		2,522,201	20.00
21.00	Total cost to be allocated	143,046	17,728	573,322		376,466	21.00
22.00	Unit cost multiplier	15.707258	1.674032	0.369437		0.149261	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150018 HHA CCN: 157202	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/24/2012 1:51 pm PPS
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	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
1.00 Administrative and General	9,107	9,107	0	1,520	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	9,107	9,107	0	1,520	0	20.00
21.00 Total cost to be allocated	0	227,788	0	56,325	0	21.00
22.00 Unit cost multiplier	0.000000	25.012408	0.000000	37.055921	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150018 HHA CCN: 157202	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/24/2012 1:51 pm PPS
		Home Health Agency I	

	CAFETERIA (HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
1.00 Administrative and General	0	0	0	19,858	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	19,858	0	20.00
21.00 Total cost to be allocated	0	0	0	967	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.048696	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150018

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157202

To 12/31/2011

Part II
Date/Time Prepared: 5/24/2012 1:51 pm

Home Health Agency I

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	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE	PARAMED ED PRGM (ASSIGNED TIME)		
			(SPECIFY) (TIME SPENT)			
	16.00	17.00	18.00	23.00		
1.00	Administrative and General	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0		2.00
3.00	Physical Therapy	0	0	0		3.00
4.00	Occupational Therapy	0	0	0		4.00
5.00	Speech Pathology	0	0	0		5.00
6.00	Medical Social Services	0	0	0		6.00
7.00	Home Health Aide	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0		8.00
9.00	Drugs	0	0	0		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others (specify)	0	0	0		19.00
20.00	Total (sum of lines 1-19)	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 5/24/2012 1:51 pm		
		HHA CCN: 157202	Title XVIII	Home Health Agency I	PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
	0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	2.00	1,818,532	1,818,532	4,846	
2.00	Physical Therapy	3.00	216,694	216,694	1,200	
3.00	Occupational Therapy	4.00	123,679	123,679	591	
4.00	Speech Pathology	5.00	64,977	64,977	278	
5.00	Medical Social Services	6.00	75,913	75,913	215	
6.00	Home Health Aide	7.00	840,901	840,901	2,615	
7.00	Total (sum of lines 1-6)		3,140,696	3,140,696	9,745	
Program Visits						
Part B						
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles
		0	1.00	2.00	3.00	4.00
Limitation Cost Computation						
8.00	Skilled Nursing Care		21140	1,786	918	8.00
8.01	Skilled Nursing Care		43780	0	0	8.01
8.02	Skilled Nursing Care		99915	0	0	8.02
8.03	Skilled Nursing Care		99923	0	0	8.03
9.00	Physical Therapy		21140	584	319	9.00
9.01	Physical Therapy		43780	0	0	9.01
9.02	Physical Therapy		99915	0	0	9.02
9.03	Physical Therapy		99923	0	0	9.03
10.00	Occupational Therapy		21140	267	112	10.00
10.01	Occupational Therapy		43780	0	0	10.01
10.02	Occupational Therapy		99915	0	0	10.02
10.03	Occupational Therapy		99923	0	0	10.03
11.00	Speech Pathology		21140	48	53	11.00
11.01	Speech Pathology		43780	0	0	11.01
11.02	Speech Pathology		99915	0	0	11.02
11.03	Speech Pathology		99923	0	0	11.03
12.00	Medical Social Services		21140	64	38	12.00
12.01	Medical Social Services		43780	0	0	12.01
12.02	Medical Social Services		99915	0	0	12.02
12.03	Medical Social Services		99923	0	0	12.03
13.00	Home Health Aide		21140	500	1,323	13.00
13.01	Home Health Aide		43780	0	0	13.01
13.02	Home Health Aide		99915	0	0	13.02
13.03	Home Health Aide		99923	0	0	13.03
14.00	Total (sum of lines 8-13)			3,249	2,763	14.00
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	8.00	43,051	0	43,051	0
16.00	Cost of Drugs	9.00	0	0	0	0
Cost to Charge Ratio						
Cost Center Description		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy		66.00	0.534751	0	0
2.00	Occupational Therapy		67.00	0.400645	0	0
3.00	Speech Pathology		68.00	0.507540	0	0
4.00	Cost of Medical Supplies		71.00	0.223195	0	0
5.00	Cost of Drugs		73.00	0.336166	0	0

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150018 HHA CCN: 157202	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/24/2012 1:51 pm
		Title XVIIII	Home Health Agency I	PPS

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	375.26	1,786	918		1.00
2.00	Physical Therapy	180.58	584	319		2.00
3.00	Occupational Therapy	209.27	267	112		3.00
4.00	Speech Pathology	233.73	48	53		4.00
5.00	Medical Social Services	353.08	64	38		5.00
6.00	Home Health Aide	321.57	500	1,323		6.00
7.00	Total (sum of lines 1-6)		3,249	2,763		7.00
Cost Center Description						
		5.00	6.00	7.00	8.00	9.00
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
8.03	Skilled Nursing Care					8.03
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
9.03	Physical Therapy					9.03
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
10.03	Occupational Therapy					10.03
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
11.03	Speech Pathology					11.03
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
12.03	Medical Social Services					12.03
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
13.03	Home Health Aide					13.03
14.00	Total (sum of lines 8-13)					14.00
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.000000	0	0	0	15.00
16.00	Cost of Drugs	0.000000	0	0	0	16.00
Cost Center Description						
			Transfer to Part I as Indicated			
			4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	col. 2, line 2.00				1.00
2.00	Occupational Therapy	col. 2, line 3.00				2.00
3.00	Speech Pathology	col. 2, line 4.00				3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00				4.00
5.00	Cost of Drugs	col. 2, line 16.00				5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150018 HHA CCN: 157202	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/24/2012 1:51 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	670,214	344,489		1,014,703	1.00
2.00	Physical Therapy	105,459	57,605		163,064	2.00
3.00	Occupational Therapy	55,875	23,438		79,313	3.00
4.00	Speech Pathology	11,219	12,388		23,607	4.00
5.00	Medical Social Services	22,597	13,417		36,014	5.00
6.00	Home Health Aide	160,785	425,437		586,222	6.00
7.00	Total (sum of lines 1-6)	1,026,149	876,774		1,902,923	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
8.03	Skilled Nursing Care					8.03
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
9.03	Physical Therapy					9.03
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
10.03	Occupational Therapy					10.03
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
11.03	Speech Pathology					11.03
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
12.03	Medical Social Services					12.03
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
13.03	Home Health Aide					13.03
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	0	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150018 HHA CCN: 157202	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/24/2012 1:51 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		415,254	293,729
12.00	Total PPS Reimbursement - Full Episodes with Outliers		15,513	12,302
13.00	Total PPS Reimbursement - LUPA Episodes		11,368	5,591
14.00	Total PPS Reimbursement - PEP Episodes		4,869	2,111
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		4,981	5,159
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		451,985	318,892
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		451,985	318,892
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		451,985	318,892
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		451,985	318,892
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		451,985	318,892
32.00	Interim payments (see instructions)		451,985	318,892
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

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

Provider CCN: 150018
HHA CCN: 157202

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

Worksheet H-5
Date/Time Prepared:
5/24/2012 1:51 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		451,985		318,892	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		451,985		318,892	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		451,985		318,892	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150018	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/24/2012 1:51 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,955,182	1.00
2.00	Capital DRG outlier payments		195,086	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		124.47	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.99	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		21.25	8.00
9.00	Sum of lines 7 and 8		24.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.03	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		148,646	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,298,914	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