

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: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/30/2012 8:41 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2012 Time: 8:41 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH ARNETT 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	997,569	317,843	1,900,551	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	997,569	317,843	1,900,551	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.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 150173

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

Worksheet S Parts I-III Date/Time Prepared: 5/30/2012 8:41 pm

PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: 5/30/2012 Time: 8:41 pm

2. Manually submitted cost report

3. If this is an amended report enter the number of times the provider resubmitted this cost report

4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended

6. Date Received: Contractor No.

7. Contractor No.

8. Initial Report for this Provider CCN

9. Final Report for this Provider CCN

10. NPR Date:

11. Contractor's Vendor Code: 4

12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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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 IU HEALTH ARNETT 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.

Encryption Information

ECR: Date: 5/30/2012 Time: 8:41 pm
s5ejCA1jiGwArzGCjKtn1Ezi1TV0
MiT7Q0PRJFHgaR02t1MMG3jFEEf2HS
TpZz1: Xutz0NkyD:

PI: Date: 5/30/2012 Time: 8:41 pm
7jbgp2i fomYHw4jq9NM.hpHTbZ2hJ1
pcmQE0I.c116hub0Klw2pAWkcqrnAe
avT4kxao1IOnj.Hi

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

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	997,569	317,843	1,900,551	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	997,569	317,843	1,900,551	0 200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150173		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 8:09 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 6165 MCCARTY LANE		PO Box:								
2.00	City: LAFAYETTE		State: IN		Zip Code: 47905		County: TIPPECANOE				
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		IU HEALTH ARNETT HOSPITAL	150173	29140	1	11/10/2008	N	P	N	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF						N	N	N		7.00
8.00	Swing Beds - NF						N		N		8.00
9.00	Hospital-Based SNF						N	N	N		9.00
10.00	Hospital-Based NF						N		N		10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA						N	N	N		12.00
13.00	Separately Certified ASC						N	N	N		13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N		15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N		16.00
17.00	Hospital-Based (CMHC) 1						N	N	N		17.00
17.10	Hospital-Based (CORF) 1						N	N	N		17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2011	12/31/2011		20.00		
21.00	Type of Control (see instructions)					4		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.	1,947	1,503	0	4	2,467	0		24.00		
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00		
						Urban/Rural S	Date of Geogr				
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						1			26.00	
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).						1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 8:09 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			0.00	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.			N				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)					0		71.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 8:09 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.		N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150173		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 8:09 pm	
		1.00	2.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059				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: INDIANA UNIVERSITY HEALTH	Contractor's Name: NATIONAL GOVERNMENT SERVICES, INC.		Contractor's Number: 00130			141.00
142.00	Street: 340 WEST 10TH STREET	PO Box:					142.00
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202			143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y				144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y				145.00
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	Y					147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N					148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N					149.00
				Part A	Part B		
				1.00	2.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N				155.00
156.00	Subprovider - IPF	N	N				156.00
157.00	Subprovider - IRF	N	N				157.00
158.00	SUBPROVIDER	N	N				158.00
159.00	SNF	N	N				159.00
160.00	HOME HEALTH AGENCY	N	N				160.00
161.00	CMHC		N				161.00
161.10	CORF		N				161.10
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N				165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.		Y				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						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)						1.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 8:09 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)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	R	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	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.			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	04/18/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 8:09 pm
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		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		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.		Y		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
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.		N		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/18/2012	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: 150173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 8:09 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	115	41,975	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)		115	41,975	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	12	4,380	0.00		12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		141	51,465	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00 NURSING FACILITY	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	99.00					25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		141				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 8:09 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	16,813	1,371	31,858		1.00
2.00 HMO		0	3,972			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	16,813	1,371	31,858		7.00
8.00 INTENSIVE CARE UNIT	0	1,587	144	2,871		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	0	261	2,207		12.00
13.00 NURSERY	0		173	2,015		13.00
14.00 Total (see instructions)	0	18,400	1,949	38,951		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0		0	0		20.00
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0		23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		341	2,708		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			140	502		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	3,721	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
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	1,720.14	0.00	0	3,721	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	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	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	1,720.14	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 8:09 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)	1,089	9,432		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 NEONATAL INTENSIVE CARE UNIT				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	1,089	9,432		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		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
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150173

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2012 8:09 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 II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	135,760,687	-750,753	135,009,934	3,687,663.92 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A		0	0	0	0.00 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		0	0	0	0.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00 7.01
8.00	Home office personnel		11,454,503	0	11,454,503	388,622.74 8.00
9.00	SNF	44.00	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		61,513,716	-102,358	61,411,358	1,059,254.11 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		570,214	0	570,214	3,465.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		0	0	0	0.00 13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		30,598,206	0	30,598,206	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	18.00
19.00	Excluded areas		11,481,259	0	11,481,259	19.00
20.00	Non-physician anesthetist Part A		0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	21.00
22.00	Physician Part A		0	0	0	22.00
23.00	Physician Part B		0	0	0	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	887,088	796,228	1,683,316	30,772.90 26.00
27.00	Administrative & General	5.00	7,910,894	-740,902	7,169,992	371,241.10 27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	1,827,148	339,243	2,166,391	129,579.96 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00 31.00
32.00	Housekeeping	9.00	1,267,804	-339,243	928,561	86,040.28 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	976,808	-738,849	237,959	24,389.24 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	647,900	647,900	66,405.39 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	3,121,177	-4,296	3,116,881	87,921.17 38.00
39.00	Central Services and Supply	14.00	906,563	0	906,563	55,125.83 39.00
40.00	Pharmacy	15.00	2,531,305	0	2,531,305	73,327.14 40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00 41.00
42.00	Social Service	17.00	161,219	0	161,219	6,706.37 42.00
43.00	Other General Service	18.00	374,344	-504	373,840	32,191.42 43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/30/2012 8:09 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)	36.61	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	29.47	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	57.98	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	164.56	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	54.70	26.00
27.00	Administrative & General	19.31	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	16.72	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	10.79	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	9.76	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	9.76	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	35.45	38.00
39.00	Central Services and Supply	16.45	39.00
40.00	Pharmacy	34.52	40.00
41.00	Medical Records & Medical Records Library	0.00	41.00
42.00	Social Service	24.04	42.00
43.00	Other General Service	11.61	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150173

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2012 8:09 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)	124,306,184	-750,753	123,555,431	3,299,041.18	1.00
2.00	Excluded area salaries (see instructions)	61,513,716	-102,358	61,411,358	1,059,254.11	2.00
3.00	Subtotal salaries (line 1 minus line 2)	62,792,468	-648,395	62,144,073	2,239,787.07	3.00
4.00	Subtotal other wages & related costs (see inst.)	570,214	0	570,214	3,465.00	4.00
5.00	Subtotal wage-related costs (see inst.)	30,598,206	0	30,598,206	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	93,960,888	-648,395	93,312,493	2,243,252.07	6.00
7.00	Total overhead cost (see instructions)	19,964,350	-40,423	19,923,927	963,700.80	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150173

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2012 8:09 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	37.45	1.00
2.00	Excluded area salaries (see instructions)	57.98	2.00
3.00	Subtotal salaries (line 1 minus line 2)	27.75	3.00
4.00	Subtotal other wages & related costs (see inst.)	164.56	4.00
5.00	Subtotal wage-related costs (see inst.)	49.24	5.00
6.00	Total (sum of lines 3 thru 5)	41.60	6.00
7.00	Total overhead cost (see instructions)	20.67	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2012 8:09 pm
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		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	0	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	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	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	0	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	0	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 5/30/2012 8:09 pm
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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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/30/2012 8:09 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)		0.289612		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		4,797,240		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		54,266,600		6.00	
7.00	Medicaid cost (line 1 times line 6)		15,716,259		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)		10,919,019		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)		10,919,019		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		27,824,077	0	27,824,077	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		8,058,187	0	8,058,187	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		8,058,187	0	8,058,187	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		10,413,650		10,413,650	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		572,635		572,635	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		9,841,015		9,841,015	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,850,076		2,850,076	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		10,908,263		10,908,263	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		21,827,282		21,827,282	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150173		Period: From 01/01/2011 To 12/31/2011		Worksheet A	
Date/Time Prepared: 5/30/2012 8:09 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		0	0	4,589,288	4,589,288	1.00	
1.01		0	0	6,866,401	6,866,401	1.01	
1.02		0	0	13,101,079	13,101,079	1.02	
2.00		0	0	8,459,749	8,459,749	2.00	
2.01		0	0	1,266,453	1,266,453	2.01	
3.00		0	0	0	0	3.00	
4.00	887,088	1,583,531	2,470,619	22,815,444	25,286,063	4.00	
5.01	4,544,893	1,796,622	6,341,515	-1,343,157	4,998,358	5.01	
5.06	3,366,001	39,536,660	42,902,661	-18,551,692	24,350,969	5.06	
7.00	748,417	9,742,021	10,490,438	-4,267,944	6,222,494	7.00	
7.01	1,078,731	10,996,946	12,075,677	-7,093,949	4,981,728	7.01	
8.00	0	0	0	610,988	610,988	8.00	
9.00	1,267,804	1,306,983	2,574,787	-846,209	1,728,578	9.00	
10.00	976,808	1,926,294	2,903,102	-2,202,585	700,517	10.00	
11.00	0	0	0	1,907,322	1,907,322	11.00	
13.00	3,121,177	2,167,386	5,288,563	-923,611	4,364,952	13.00	
14.00	906,563	1,329,401	2,235,964	-842,866	1,393,098	14.00	
15.00	2,531,305	6,555,195	9,086,500	9,026,621	18,113,121	15.00	
16.00	0	0	0	0	0	16.00	
17.00	161,219	47,294	208,513	-37,626	170,887	17.00	
18.00	374,344	387,406	761,750	-101,443	660,307	18.00	
19.00	0	0	0	0	0	19.00	
20.00	0	0	0	0	0	20.00	
21.00	0	0	0	0	0	21.00	
22.00	0	0	0	0	0	22.00	
23.00	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	20,509,169	7,883,054	28,392,223	-6,772,229	21,619,994	30.00	
31.00	2,370,758	1,284,618	3,655,376	-1,080,778	2,574,598	31.00	
32.00	0	0	0	0	0	32.00	
33.00	0	0	0	0	0	33.00	
34.00	0	0	0	0	0	34.00	
35.00	2,344,310	713,707	3,058,017	-513,654	2,544,363	35.00	
40.00	0	0	0	0	0	40.00	
41.00	0	0	0	0	0	41.00	
42.00	0	0	0	0	0	42.00	
43.00	0	0	0	849,332	849,332	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	2,746,268	11,062,959	13,809,227	-9,372,237	4,436,990	50.00	
51.00	489,606	161,263	650,869	-123,129	527,740	51.00	
52.00	0	0	0	0	0	52.00	
53.00	6,672,373	2,794,844	9,467,217	-925,178	8,542,039	53.00	
53.01	0	206,213	206,213	-151,949	54,264	53.01	
54.00	1,995,558	2,420,043	4,415,601	-1,789,969	2,625,632	54.00	
55.00	0	0	0	0	0	55.00	
56.00	234,899	538,592	773,491	-70,390	703,101	56.00	
59.00	0	0	0	0	0	59.00	
60.00	2,563,091	9,085,864	11,648,955	-1,241,359	10,407,596	60.00	
61.00	0	0	0	0	0	61.00	
62.00	0	0	0	0	0	62.00	
63.00	69,788	1,524,856	1,594,644	-19,621	1,575,023	63.00	
64.00	0	0	0	0	0	64.00	
65.00	1,474,784	799,771	2,274,555	-620,320	1,654,235	65.00	
66.00	721,055	149,661	870,716	-102,488	768,228	66.00	
67.00	0	0	0	0	0	67.00	
68.00	0	0	0	0	0	68.00	
69.00	835,931	383,954	1,219,885	-230,754	989,131	69.00	
70.00	66,909	38,655	105,564	-33,648	71,916	70.00	
71.00	0	0	0	2,762,875	2,762,875	71.00	
72.00	0	0	0	7,686,740	7,686,740	72.00	
73.00	369,900	16,190,481	16,560,381	-113,865	16,446,516	73.00	
74.00	0	407,964	407,964	-9,999	397,965	74.00	
75.00	0	0	0	0	0	75.00	
75.01	2,005,676	3,925,767	5,931,443	-2,940,548	2,990,895	75.01	
76.00	2,244,292	6,977,067	9,221,359	-4,896,822	4,324,537	76.00	
76.97	198,773	376,290	575,063	-352,721	222,342	76.97	
OUTPATIENT SERVICE COST CENTERS							
88.00	0	0	0	0	0	88.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150173

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

Worksheet A
Date/Time Prepared:
5/30/2012 8:09 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	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 SLEEP CLINIC	370,838	195,272	566,110	-99,812	466,298	90.01
91.00 EMERGENCY	3,367,937	1,544,461	4,912,398	-1,136,285	3,776,113	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	578,989	188,943	767,932	-133,549	634,383	92.01
93.00 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01 HORIZON CANCER CENTER	659,795	2,878,409	3,538,204	-509,611	3,028,593	93.01
93.02 ARNETT CANCER CARE CENTER	1,391,922	997,484	2,389,406	-732,842	1,656,564	93.02
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	74,246,971	150,105,931	224,352,902	9,757,453	234,110,355	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,968	114,229	134,197	-1,812	132,385	190.00
191.00 RESEARCH	254,925	90,879	345,804	-71,965	273,839	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	60,970,229	32,192,347	93,162,576	-9,616,972	83,545,604	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	268,594	902,840	1,171,434	-66,704	1,104,730	194.00
200.00 TOTAL (SUM OF LINES 118-199)	135,760,687	183,406,226	319,166,913	0	319,166,913	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150173

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

Worksheet A
Date/Time Prepared:
5/30/2012 8:09 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	3,432,469	8,021,757	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	6,866,401	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	13,101,079	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	829,924	9,289,673	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	1,266,453	2.01
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	7,557,926	32,843,989	4.00
5.01	ADMINISTRATIVE	0	4,998,358	5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL	4,585,575	28,936,544	5.06
7.00	OPERATION OF PLANT	969,586	7,192,080	7.00
7.01	OPERATION OF PLANT - NONHOSPITAL	-240,034	4,741,694	7.01
8.00	LAUNDRY & LINEN SERVICE	0	610,988	8.00
9.00	HOUSEKEEPING	309,190	2,037,768	9.00
10.00	DIETARY	0	700,517	10.00
11.00	CAFETERIA	-1,022,513	884,809	11.00
13.00	NURSING ADMINISTRATION	271,289	4,636,241	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,393,098	14.00
15.00	PHARMACY	-33,891	18,079,230	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,103,467	1,103,467	16.00
17.00	SOCIAL SERVICE	0	170,887	17.00
18.00	PATIENT TRANSPORT SERVICES	-1,421	658,886	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-5,295,664	16,324,330	30.00
31.00	INTENSIVE CARE UNIT	0	2,574,598	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	-1,181,572	1,362,791	35.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	849,332	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	4,796	4,441,786	50.00
51.00	RECOVERY ROOM	-525	527,215	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	-8,748,723	-206,684	53.00
53.01	ASC ANESTHESIOLOGY	-8,907	45,357	53.01
54.00	RADIOLOGY-DIAGNOSTIC	-226,023	2,399,609	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	703,101	56.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-3,683,375	6,724,221	60.00
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.	108	1,575,131	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	20	1,654,255	65.00
66.00	PHYSICAL THERAPY	541	768,769	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	40	989,171	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	71,916	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	125	2,763,000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	130	7,686,870	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,502	16,449,018	73.00
74.00	RENAL DIALYSIS	0	397,965	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	ASC (NON-DISTINCT PART)	3,722	2,994,617	75.01
76.00	CARDIAC CATHETERIZATION	-16,820	4,307,717	76.00
76.97	CARDIAC REHABILITATION	0	222,342	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150173

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

Worksheet A
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
90.01	SLEEP CLINIC	0	466,298	90.01
91.00	EMERGENCY	-20,600	3,755,513	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	3,480	637,863	92.01
93.00	OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	HORIZON CANCER CENTER	-2,120,072	908,521	93.01
93.02	ARNETT CANCER CARE CENTER	-1,006,469	650,095	93.02
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-4,531,719	229,578,636	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	132,385	190.00
191.00	RESEARCH	0	273,839	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	83,545,604	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	MARKETING/PUBLIC RELATIONS	0	1,104,730	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-4,531,719	314,635,194	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	22,065,350	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
TOTALS			0	22,065,350	
B - PTO					
1.00	EMPLOYEE BENEFITS	4.00	799,436	0	1.00
TOTALS			799,436	0	
C - TELEPHONE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	32,348	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
TOTALS			0	32,348	
D - BILLABLE MEDICAL SUPPLIES					
1.00	ADMINISTRATIVE	5.01	0	1,132	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43,657	2.00
3.00	OPERATION OF PLANT	7.00	0	385	3.00
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	122	4.00
5.00	HOUSEKEEPING	9.00	0	771	5.00
6.00	NURSING ADMINISTRATION	13.00	0	51	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	93,223	7.00
8.00	PHARMACY	15.00	0	4,585	8.00

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6

Date/Time Prepared:
5/30/2012 8:09 pm

						Increases			
Cost Center		Line #	Salary	Other					
2.00	3.00	4.00	5.00						
9.00	PATIENT TRANSPORT SERVICES	18.00	0	4		9.00			
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	733		10.00			
11.00	ASC ANESTHESIOLOGY	53.01	0	389		11.00			
12.00	RADIOISOTOPE	56.00	0	1,145		12.00			
13.00	LABORATORY	60.00	0	5,398		13.00			
14.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	360		14.00			
15.00	PHYSICAL THERAPY	66.00	0	6		15.00			
16.00	ELECTROCARDIOLOGY	69.00	0	23		16.00			
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	8		17.00			
18.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,762,875		18.00			
19.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,646		19.00			
20.00	RENAL DIALYSIS	74.00	0	5		20.00			
21.00	CARDIAC REHABILITATION	76.97	0	25		21.00			
22.00	SLEEP CLINIC	90.01	0	88		22.00			
23.00	HORIZON CANCER CENTER	93.01	0	609		23.00			
24.00	ARNETT CANCER CARE CENTER	93.02	0	244		24.00			
TOTALS			0	2,917,484					
E - PROPERTY INSURANCE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	206,667		1.00			
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	24,734		2.00			
3.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	7,550		3.00			
TOTALS			0	238,951					
F - IMPLANTABLE DEVICES									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	199,773		1.00			
2.00	RESPIRATORY THERAPY	65.00	0	45		2.00			
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,686,740		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			
TOTALS			0	7,886,558					
G - NON-BILLABLE MEDICAL SUPPLIES									
1.00	PHARMACY	15.00	0	9,772,903		1.00			
2.00		0.00	0	0		2.00			
3.00		0.00	0	0		3.00			
4.00		0.00	0	0		4.00			
5.00		0.00	0	0		5.00			
6.00		0.00	0	0		6.00			
7.00		0.00	0	0		7.00			
8.00		0.00	0	0		8.00			
9.00		0.00	0	0		9.00			
10.00		0.00	0	0		10.00			
11.00		0.00	0	0		11.00			
12.00		0.00	0	0		12.00			
13.00		0.00	0	0		13.00			
14.00		0.00	0	0		14.00			
15.00		0.00	0	0		15.00			
16.00		0.00	0	0		16.00			
17.00		0.00	0	0		17.00			
18.00		0.00	0	0		18.00			
19.00		0.00	0	0		19.00			
20.00		0.00	0	0		20.00			
21.00		0.00	0	0		21.00			
22.00		0.00	0	0		22.00			
23.00		0.00	0	0		23.00			
24.00		0.00	0	0		24.00			
25.00		0.00	0	0		25.00			
26.00		0.00	0	0		26.00			
27.00		0.00	0	0		27.00			
28.00		0.00	0	0		28.00			
29.00		0.00	0	0		29.00			
30.00		0.00	0	0		30.00			
31.00		0.00	0	0		31.00			
32.00		0.00	0	0		32.00			
33.00		0.00	0	0		33.00			
34.00		0.00	0	0		34.00			
35.00		0.00	0	0		35.00			
36.00		0.00	0	0		36.00			

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6

Date/Time Prepared:
5/30/2012 8:09 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
	TOTALS		0	9,772,903	
H - ALLOWABLE ADVERTISING					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	25,768	1.00
	TOTALS		0	25,768	
I - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,060,309	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1,845,409	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,655,283	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	1,047,515	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	TOTALS		0	14,608,516	
J - LEASE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	262,499	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	2,416,877	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	630,872	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	165,694	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6
Date/Time Prepared:
5/30/2012 8:09 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
TOTALS			0	3,475,942	
K - CAPITAL LEASE INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1,868,041	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	173,594	2.00
3.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	53,244	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
TOTALS			0	2,094,879	
L - CAPITAL RELATED INTEREST EXPENSE					
1.00	CAP REL COSTS INTEREST EXPENSE	1.02	0	13,101,079	1.00
TOTALS			0	13,101,079	
M - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	59,813	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	697,283	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
TOTALS			0	757,096	
N - PROPERTY INSURANCE NON-HOSPITAL					
1.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	6,507	1.00
TOTALS			0	6,507	
O - CONTRACTED LABOR					
1.00	EMPLOYEE BENEFITS	4.00	0	3,208	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	58,534	0	2.00
3.00	DIETARY	10.00	0	90,949	3.00
4.00	NURSING ADMINISTRATION	13.00	0	4,296	4.00
5.00	PATIENT TRANSPORT SERVICES	18.00	0	504	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	308,199	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	23,529	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	131,324	8.00
9.00	PHYSICAL THERAPY	66.00	0	129,292	9.00
10.00	CARDIAC CATHETERIZATION	76.00	0	15,628	10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	102,358	11.00
TOTALS			58,534	809,287	
P - SECURITY					
1.00	OPERATION OF PLANT	7.00	339,243	57,158	1.00
TOTALS			339,243	57,158	
Q - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	610,988	1.00
TOTALS			0	610,988	
R - NURSERY					
1.00	NURSERY	43.00	635,044	57,766	1.00
TOTALS			635,044	57,766	
S - NURSERY (L&D)					
1.00	NURSERY	43.00	141,260	15,262	1.00
TOTALS			141,260	15,262	
T - CAFETERIA					
1.00	CAFETERIA	11.00	647,900	1,259,422	1.00
TOTALS			647,900	1,259,422	
U - CLINIC ALLOCATIONS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,149,120	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
TOTALS			0	1,149,120	
500.00	Grand Total: Increases		2,621,417	80,942,384	500.00

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6
Date/Time Prepared:
5/30/2012 8:09 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - EMPLOYEE BENEFITS						
1.00		0.00	0	0	0	1.00
2.00	ADMITTING	5.01	0	1,297,965	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	441,370	0	3.00
4.00	OPERATION OF PLANT	7.00	0	169,103	0	4.00
5.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	350,618	0	5.00
6.00	HOUSEKEEPING	9.00	0	416,490	0	6.00
7.00	DIETARY	10.00	0	287,989	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	655,648	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	263,595	0	9.00
10.00	PHARMACY	15.00	0	405,105	0	10.00
11.00	SOCIAL SERVICE	17.00	0	37,120	0	11.00
12.00	PATIENT TRANSPORT SERVICES	18.00	0	95,447	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	3,599,130	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	462,827	0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	356,991	0	15.00
16.00	OPERATING ROOM	50.00	0	438,964	0	16.00
17.00	RECOVERY ROOM	51.00	0	91,288	0	17.00
18.00	ANESTHESIOLOGY	53.00	0	682,586	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	354,475	0	19.00
20.00	RADIOISOTOPE	56.00	0	32,095	0	20.00
21.00	LABORATORY	60.00	0	549,608	0	21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	13,782	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	271,658	0	23.00
24.00	PHYSICAL THERAPY	66.00	0	99,818	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	181,388	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,616	0	26.00
27.00	DRUGS CHARGED TO PATIENTS	73.00	0	78,124	0	27.00
28.00	ASC (NON-DISTINCT PART)	75.01	0	366,849	0	28.00
29.00	CARDIAC CATHETERIZATION	76.00	0	416,315	0	29.00
30.00	CARDIAC REHABILITATION	76.97	0	30,804	0	30.00
31.00	SLEEP CLINIC	90.01	0	75,805	0	31.00
32.00	EMERGENCY	91.00	0	585,209	0	32.00
33.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	82,150	0	33.00
34.00	HORIZON CANCER CENTER	93.01	0	147,125	0	34.00
35.00	ARNETT CANCER CARE CENTER	93.02	0	210,188	0	35.00
36.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,086	0	36.00
37.00	RESEARCH	191.00	0	26,504	0	37.00
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,437,280	0	38.00
39.00	MARKETING/PUBLIC RELATIONS	194.00	0	39,235	0	39.00
	TOTALS			22,065,350		
B - PTO						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	799,436	0	0	1.00
	TOTALS		799,436	0		
C - TELEPHONE						
1.00	ADMITTING	5.01	0	500	0	1.00
2.00	OPERATION OF PLANT	7.00	0	30	0	2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	275	0	3.00
4.00	PHARMACY	15.00	0	677	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	12,613	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	270	0	6.00
7.00	ANESTHESIOLOGY	53.00	0	930	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	375	0	8.00
9.00	LABORATORY	60.00	0	2,805	0	9.00
10.00	RENAL DIALYSIS	74.00	0	360	0	10.00
11.00	EMERGENCY	91.00	0	420	0	11.00
12.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	324	0	12.00
13.00	HORIZON CANCER CENTER	93.01	0	5,080	0	13.00
14.00	ARNETT CANCER CARE CENTER	93.02	0	143	0	14.00
15.00	RESEARCH	191.00	0	39	0	15.00
16.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,507	0	16.00
	TOTALS			32,348		
D - BILLABLE MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS	4.00	0	498	0	1.00
2.00	DIETARY	10.00	0	567	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	114,509	0	3.00

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6
Date/Time Prepared:
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Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
4.00	INTENSIVE CARE UNIT	31.00	0	8,669	0		4.00	
5.00	OPERATING ROOM	50.00	0	1,441,838	0		5.00	
6.00	RECOVERY ROOM	51.00	0	67	0		6.00	
7.00	ANESTHESIOLOGY	53.00	0	7,171	0		7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,705	0		8.00	
9.00	RESPIRATORY THERAPY	65.00	0	284	0		9.00	
10.00	ASC (NON-DISTINCT PART)	75.01	0	610,572	0		10.00	
11.00	CARDIAC CATHETERIZATION	76.00	0	692,087	0		11.00	
12.00	EMERGENCY	91.00	0	16,489	0		12.00	
13.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	28	0		13.00	
14.00		0.00	0	0	0		14.00	
15.00		0.00	0	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	
20.00		0.00	0	0	0		20.00	
21.00		0.00	0	0	0		21.00	
22.00		0.00	0	0	0		22.00	
23.00		0.00	0	0	0		23.00	
24.00		0.00	0	0	0		24.00	
	TOTALS		0	2,917,484				
E - PROPERTY INSURANCE								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	238,951	12		1.00	
2.00		0.00	0	0	12		2.00	
3.00		0.00	0	0	12		3.00	
	TOTALS		0	238,951				
F - IMPLANTABLE DEVICES								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	450	0		1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	1,213	0		2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	2,466	0		3.00	
4.00	OPERATING ROOM	50.00	0	5,284,597	0		4.00	
5.00	ASC (NON-DISTINCT PART)	75.01	0	830,172	0		5.00	
6.00	CARDIAC CATHETERIZATION	76.00	0	1,762,832	0		6.00	
7.00	EMERGENCY	91.00	0	4,828	0		7.00	
	TOTALS		0	7,886,558				
G - NON-BILLABLE MEDICAL SUPPLIES								
1.00	EMPLOYEE BENEFITS	4.00	0	5,765	0		1.00	
2.00	ADMINISTRATIVE	5.01	0	5,762	0		2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	60,581	0		3.00	
4.00	OPERATION OF PLANT	7.00	0	241	0		4.00	
5.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	4,638	0		5.00	
6.00	HOUSEKEEPING	9.00	0	23,525	0		6.00	
7.00	DIETARY	10.00	0	2,978	0		7.00	
8.00	NURSING ADMINISTRATION	13.00	0	17,004	0		8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,858	0		9.00	
10.00	PATIENT TRANSPORT SERVICES	18.00	0	234	0		10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	1,841,305	0		11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	443,528	0		12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	134,690	0		13.00	
14.00	OPERATING ROOM	50.00	0	1,900,945	0		14.00	
15.00	RECOVERY ROOM	51.00	0	14,173	0		15.00	
16.00	ANESTHESIOLOGY	53.00	0	234,491	0		16.00	
17.00	ASC ANESTHESIOLOGY	53.01	0	82,632	0		17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	262,981	0		18.00	
19.00	RADIOISOTOPE	56.00	0	12,912	0		19.00	
20.00	LABORATORY	60.00	0	437,438	0		20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	6,199	0		21.00	
22.00	RESPIRATORY THERAPY	65.00	0	222,113	0		22.00	
23.00	PHYSICAL THERAPY	66.00	0	2,676	0		23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	18,923	0		24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,062	0		25.00	
26.00	DRUGS CHARGED TO PATIENTS	73.00	0	23,151	0		26.00	
27.00	RENAL DIALYSIS	74.00	0	9,020	0		27.00	
28.00	ASC (NON-DISTINCT PART)	75.01	0	893,651	0		28.00	
29.00	CARDIAC CATHETERIZATION	76.00	0	1,077,789	0		29.00	
30.00	CARDIAC REHABILITATION	76.97	0	5,758	0		30.00	
31.00	SLEEP CLINIC	90.01	0	24,095	0		31.00	
32.00	EMERGENCY	91.00	0	504,670	0		32.00	

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6
Date/Time Prepared:
5/30/2012 8:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
33.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	44,047	0	33.00	
34.00	HORIZON CANCER CENTER	93.01	0	122,287	0	34.00	
35.00	ARNETT CANCER CARE CENTER	93.02	0	69,512	0	35.00	
36.00	RESEARCH	191.00	0	32	0	36.00	
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,249,877	0	37.00	
38.00	MARKETING/PUBLIC RELATIONS	194.00	0	360	0	38.00	
	TOTALS		0	9,772,903			
H - ALLOWABLE ADVERTISING							
1.00	MARKETING/PUBLIC RELATIONS	194.00	0	25,768	0	1.00	
	TOTALS		0	25,768			
I - DEPRECIATION EXPENSE							
1.00	EMPLOYEE BENEFITS	4.00	0	1,148	9	1.00	
2.00	ADMINISTRATIVE	5.01	0	5,919	9	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,179,246	9	3.00	
4.00	OPERATION OF PLANT	7.00	0	4,233,182	9	4.00	
5.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	1,860,848	0	5.00	
6.00	HOUSEKEEPING	9.00	0	9,657	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	180,944	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	48,129	0	8.00	
9.00	PHARMACY	15.00	0	259,476	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	253,139	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	64,484	0	11.00	
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	22,226	0	12.00	
13.00	OPERATING ROOM	50.00	0	154,848	0	13.00	
14.00	RECOVERY ROOM	51.00	0	15,558	0	14.00	
15.00	ASC ANESTHESIOLOGY	53.01	0	69,706	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,074,358	0	16.00	
17.00	RADIOISOTOPE	56.00	0	25,581	0	17.00	
18.00	LABORATORY	60.00	0	124,251	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	33,903	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	30,047	0	20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,978	0	21.00	
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,236	0	22.00	
23.00	RENAL DIALYSIS	74.00	0	135	0	23.00	
24.00	ASC (NON-DISTINCT PART)	75.01	0	209,679	0	24.00	
25.00	CARDIAC CATHETERIZATION	76.00	0	880,176	0	25.00	
26.00	EMERGENCY	91.00	0	17,040	0	26.00	
27.00	ARNETT CANCER CARE CENTER	93.02	0	4,183	0	27.00	
28.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	325	0	28.00	
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	818,213	0	29.00	
30.00	MARKETING/PUBLIC RELATIONS	194.00	0	901	0	30.00	
	TOTALS		0	14,608,516			
J - LEASE EXPENSE							
1.00	EMPLOYEE BENEFITS	4.00	0	39	10	1.00	
2.00	ADMINISTRATIVE	5.01	0	34,143	10	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	32,560	10	3.00	
4.00	OPERATION OF PLANT	7.00	0	262,145	10	4.00	
5.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	2,320,734	0	5.00	
6.00	HOUSEKEEPING	9.00	0	907	0	6.00	
7.00	DIETARY	10.00	0	3,729	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	3,967	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,069	0	9.00	
10.00	PHARMACY	15.00	0	16,307	0	10.00	
11.00	SOCIAL SERVICE	17.00	0	506	0	11.00	
12.00	PATIENT TRANSPORT SERVICES	18.00	0	5,766	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	100,988	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	98,534	0	14.00	
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	480	0	15.00	
16.00	OPERATING ROOM	50.00	0	148,277	0	16.00	
17.00	RECOVERY ROOM	51.00	0	2,043	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,741	0	18.00	
19.00	RADIOISOTOPE	56.00	0	489	0	19.00	
20.00	LABORATORY	60.00	0	29,339	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	92,407	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	348	0	22.00	
23.00	RENAL DIALYSIS	74.00	0	489	0	23.00	
24.00	ASC (NON-DISTINCT PART)	75.01	0	29,625	0	24.00	
25.00	CARDIAC CATHETERIZATION	76.00	0	26,251	0	25.00	

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6
Date/Time Prepared:
5/30/2012 8:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
26.00	CARDIAC REHABILITATION	76.97	0	440	0		26.00
27.00	EMERGENCY	91.00	0	7,629	0		27.00
28.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	7,000	0		28.00
29.00	ARNETT CANCER CARE CENTER	93.02	0	1,724	0		29.00
30.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	338	0		30.00
31.00	RESEARCH	191.00	0	45,390	0		31.00
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	185,098	0		32.00
33.00	MARKETING/PUBLIC RELATIONS	194.00	0	440	0		33.00
	TOTALS		0	3,475,942			
K - CAPITAL LEASE INTEREST EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	15	10		1.00
2.00	OPERATION OF PLANT	7.00	0	29	10		2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	1,868,041	10		3.00
4.00	NURSING ADMINISTRATION	13.00	0	39,720	0		4.00
5.00	PHARMACY	15.00	0	39,094	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	52,850	0		6.00
7.00	LABORATORY	60.00	0	380	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	71	0		8.00
9.00	CARDIAC CATHETERIZATION	76.00	0	41,372	0		9.00
10.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	63	0		10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	53,244	0		11.00
	TOTALS		0	2,094,879			
L - CAPITAL RELATED INTEREST EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	13,101,079	11		1.00
	TOTALS		0	13,101,079			
M - PROPERTY TAXES							
1.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	682,410	13		1.00
2.00	NURSING ADMINISTRATION	13.00	0	26,379	13		2.00
3.00	PHARMACY	15.00	0	30,208	0		3.00
4.00	OPERATING ROOM	50.00	0	2,768	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	56.00	0	458	0		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	14,873	0		6.00
	TOTALS		0	757,096			
N - PROPERTY INSURANCE NON-HOSPITAL							
1.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	6,507	12		1.00
	TOTALS		0	6,507			
O - CONTRACTED LABOR							
1.00	EMPLOYEE BENEFITS	4.00	3,208	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	58,534	0		2.00
3.00	DIETARY	10.00	90,949	0	0		3.00
4.00	NURSING ADMINISTRATION	13.00	4,296	0	0		4.00
5.00	PATIENT TRANSPORT SERVICES	18.00	504	0	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	308,199	0	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	23,529	0	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	131,324	0	0		8.00
9.00	PHYSICAL THERAPY	66.00	129,292	0	0		9.00
10.00	CARDIAC CATHETERIZATION	76.00	15,628	0	0		10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	102,358	0	0		11.00
	TOTALS		809,287	58,534			
P - SECURITY							
1.00	HOUSEKEEPING	9.00	339,243	57,158	0		1.00
	TOTALS		339,243	57,158			
Q - LAUNDRY							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	610,988	0		1.00
	TOTALS		0	610,988			
R - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	635,044	57,766	0		1.00
	TOTALS		635,044	57,766			
S - NURSERY (L&D)							
1.00	ADULTS & PEDIATRICS	30.00	141,260	15,262	0		1.00
	TOTALS		141,260	15,262			
T - CAFETERIA							
1.00	DIETARY	10.00	647,900	1,259,422	0		1.00
	TOTALS		647,900	1,259,422			

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6

Date/Time Prepared:
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
U - CLINIC ALLOCATIONS							
1.00	EMPLOYEE BENEFITS	4.00	0	41,892	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,484	0		2.00
3.00	LABORATORY	60.00	0	102,936	0		3.00
4.00	CARDIAC REHABILITATION	76.97	0	315,744	0		4.00
5.00	HORIZON CANCER CENTER	93.01	0	235,728	0		5.00
6.00	ARNETT CANCER CARE CENTER	93.02	0	447,336	0		6.00
	TOTALS		0	1,149,120			
500.00	Grand Total: Decreases		3,372,170	80,191,631			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150173

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	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	179,504,040	689,112	0	689,112	2,485,327	3.00
4.00	Building Improvements	647,020	88,685	0	88,685	0	4.00
5.00	Fixed Equipment	2,889,962	173,829	0	173,829	286,268	5.00
6.00	Movable Equipment	52,994,821	4,444,068	0	4,444,068	426,300	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	236,035,843	5,395,694	0	5,395,694	3,197,895	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	236,035,843	5,395,694	0	5,395,694	3,197,895	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
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
COMPUTATION OF RATIOS							
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	0	0	0	1.000000	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0.000000	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150173

Period:
From 01/01/2011
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Worksheet A-7
Parts I-III
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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	0	0			2.00	
3.00	Buildings and Fixtures	177,707,825	0			3.00	
4.00	Building Improvements	735,705	0			4.00	
5.00	Fixed Equipment	2,777,523	0			5.00	
6.00	Movable Equipment	57,012,589	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	238,233,642	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	238,233,642	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	
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0			1.01	
1.02	CAP REL COSTS INTEREST EXPENSE	0	0			1.02	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0			2.00	
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0			2.01	
3.00	Total (sum of lines 1-2)	0	0			3.00	
ALLOCATI ON 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	7,492,778	262,499	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	1,845,409	4,284,918	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,485,207	804,466	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	1,047,515	218,938	2.01
3.00	Total (sum of lines 1-2)	0	0	0	18,870,909	5,570,821	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150173

Period:
From 01/01/2011
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Worksheet A-7
Parts I-III
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	206,667	59,813	0	8,021,757	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	38,791	697,283	0	6,866,401	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	13,101,079	0	0	0	13,101,079	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,289,673	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	1,266,453	2.01
3.00	Total (sum of lines 1-2)	13,101,079	245,458	757,096	0	38,545,363	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150173

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.00	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT - NONHOSP (chapter 2)			OCAP REL COSTS-BLDG & FIXT - NONHOSP		1.01	1.01
1.02 Investment income - CAP REL COSTS INTEREST EXPENSE (chapter 2)			OCAP REL COSTS INTEREST EXPENSE		1.02	1.02
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.00	2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP - NONHOSP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP - NONHOSP		2.01	2.01
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-24,097	OTHER ADMINISTRATIVE AND GENERAL		5.06	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	-18,302,223				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	39,253,526				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests		0			0.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines		0			0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			OUTILIZATION REVIEW-SNF		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.00	26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT - NONHOSP			OCAP REL COSTS-BLDG & FIXT - NONHOSP		1.01	26.01
26.02 Depreciation - CAP REL COSTS INTEREST EXPENSE			OCAP REL COSTS INTEREST EXPENSE		1.02	26.02
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP		2.00	27.00
27.01 Depreciation - CAP REL COSTS-MVBLE EQUIP - NONHOSP			OCAP REL COSTS-MVBLE EQUIP - NONHOSP		2.01	27.01
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant					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 MISCELLANEOUS INCOME	B	-151,384	EMPLOYEE BENEFITS		4.00	33.00
33.01 MISCELLANEOUS INCOME	B	-325,708	OTHER ADMINISTRATIVE AND GENERAL		5.06	33.01
33.02 MISCELLANEOUS INCOME	B	-13,231	OPERATION OF PLANT		7.00	33.02
33.03 MISCELLANEOUS INCOME	B	-10,971	OPERATION OF PLANT - NONHOSPITAL		7.01	33.03
33.04 MISCELLANEOUS INCOME	B	-1,059,387	CAFETERIA		11.00	33.04
33.05 MISCELLANEOUS INCOME	B	-1,540	NURSING ADMINISTRATION		13.00	33.05
33.06 MISCELLANEOUS INCOME	B	-33,891	PHARMACY		15.00	33.06
33.07 MISCELLANEOUS INCOME	B	-4,865	ADULTS & PEDIATRICS		30.00	33.07

ADJUSTMENTS TO EXPENSES

Provider CCN: 150173

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
33.08 MISCELLANEOUS INCOME	B	-9,000	CARDIAC CATHERIZATION	76.00	33.08	
33.09 MISCELLANEOUS INCOME	B	-66,353	ARNETT CANCER CARE CENTER	93.02	33.09	
33.10 LOBBYING COSTS	A	-4,169	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.10	
33.11 ACCRUED PTO	A	-972,043	EMPLOYEE BENEFITS	4.00	33.11	
33.12 EMPLOYEE BENEFITS EXPENSE	A	-22,545,682	EMPLOYEE BENEFITS	4.00	33.12	
33.13 RECRUITING	A	-31,587	EMPLOYEE BENEFITS	4.00	33.13	
33.14 RECRUITING	A	-197,595	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.14	
33.15 RECRUITING	A	-1,421	PATIENT TRANSPORT SERVICES	18.00	33.15	
33.16 RECRUITING	A	-30,000	ADULTS & PEDIATRICS	30.00	33.16	
33.17 RECRUITING	A	-98	CARDIAC CATHERIZATION	76.00	33.17	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,531,719			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 150173

Period:
From 01/01/2011
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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
1.01	Investment income - CAP REL COSTS-BLDG & FIXT - NONHOSP (chapter 2)	0	1.01
1.02	Investment income - CAP REL COSTS INTEREST EXPENSE (chapter 2)	0	1.02
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
2.01	Investment income - CAP REL COSTS-MVBLE EQUIP - NONHOSP (chapter 2)	0	2.01
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
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT - NONHOSP	0	26.01
26.02	Depreciation - CAP REL COSTS INTEREST EXPENSE	0	26.02
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	27.01
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	MI SCCELLANEOUS INCOME	0	33.00
33.01	MI SCCELLANEOUS INCOME	0	33.01
33.02	MI SCCELLANEOUS INCOME	0	33.02
33.03	MI SCCELLANEOUS INCOME	0	33.03
33.04	MI SCCELLANEOUS INCOME	0	33.04
33.05	MI SCCELLANEOUS INCOME	0	33.05
33.06	MI SCCELLANEOUS INCOME	0	33.06
33.07	MI SCCELLANEOUS INCOME	0	33.07
33.08	MI SCCELLANEOUS INCOME	0	33.08
33.09	MI SCCELLANEOUS INCOME	0	33.09
33.10	LOBBYING COSTS	0	33.10
33.11	ACCRUED PTO	0	33.11
33.12	EMPLOYEE BENEFITS EXPENSE	0	33.12
33.13	RECRUITING	0	33.13
33.14	RECRUITING	0	33.14
33.15	RECRUITING	0	33.15

ADJUSTMENTS TO EXPENSES

Provider CCN: 150173

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

Worksheet A-8

Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description		Wkst.	A-7 Ref.	
		5.00		
33.16	RECRUITING		0	33.16
33.17	RECRUITING		0	33.17
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			50.00

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

Provider CCN: 150173

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2012 8:09 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	CAP REL COSTS-BLDG & FIXT	BUILDING CAPITAL	1.00
2.00	1.02	CAP REL COSTS INTEREST EXPENSE	INTEREST EXPENSE	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	EQUIPMENT CAPITAL	3.00
4.00	4.00	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE & GENERAL	4.01
4.02	7.00	OPERATION OF PLANT	OPERATION OF PLANT	4.02
4.03	7.01	OPERATION OF PLANT - NONHOSPITAL	OPERATION OF PLANT - NONHOSPITAL	4.03
4.04	9.00	HOUSEKEEPING	HOUSEKEEPING	4.04
4.05	11.00	CAFETERIA	CAFETERIA	4.05
4.06	13.00	NURSING ADMINISTRATION	NURSING ADMINISTRATION	4.06
4.07	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	4.07
4.08	50.00	OPERATING ROOM	PURCHASED SERVICES	4.08
4.09	54.00	RADIOLOGY-DIAGNOSTIC	PURCHASED SERVICES	4.09
4.10	60.00	LABORATORY	PURCHASED SERVICES	4.10
4.11	63.00	BLOOD STORING, PROCESSING & TRANS.	PURCHASED SERVICES	4.11
4.12	65.00	RESPIRATORY THERAPY	PURCHASED SERVICES	4.12
4.13	66.00	PHYSICAL THERAPY	PURCHASED SERVICES	4.13
4.14	69.00	ELECTROCARDIOLOGY	PURCHASED SERVICES	4.14
4.15	71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	PURCHASED SERVICES	4.15
4.16	72.00	IMPL. DEV. CHARGED TO PATIENTS	PURCHASED SERVICES	4.16
4.17	73.00	DRUGS CHARGED TO PATIENTS	PURCHASED SERVICES	4.17
4.18	75.01	ASC (NON-DISTINCT PART)	PURCHASED SERVICES	4.18
4.19	76.00	CARDIAC CATHETERIZATION	PURCHASED SERVICES	4.19
4.20	91.00	EMERGENCY	PURCHASED SERVICES	4.20
4.21	92.01	OBSERVATION BEDS (DISTINCT PART)	PURCHASED SERVICES	4.21
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

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

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

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

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

Provider CCN: 150173

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2012 8:09 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
						4.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	3,432,469	0	3,432,469	9	1.00	
2.00	13,101,079	13,101,079	0	11	2.00	
3.00	829,924	0	829,924	9	3.00	
4.00	31,647,018	388,396	31,258,622	0	4.00	
4.01	20,266,612	15,129,468	5,137,144	0	4.01	
4.02	1,244,960	262,143	982,817	0	4.02	
4.03	0	229,063	-229,063	0	4.03	
4.04	309,190	0	309,190	0	4.04	
4.05	36,874	0	36,874	0	4.05	
4.06	373,079	100,250	272,829	0	4.06	
4.07	1,103,467	0	1,103,467	0	4.07	
4.08	4,796	0	4,796	0	4.08	
4.09	1,542	227,565	-226,023	0	4.09	
4.10	1,896,217	5,577,092	-3,680,875	0	4.10	
4.11	108	0	108	0	4.11	
4.12	20	0	20	0	4.12	
4.13	541	0	541	0	4.13	
4.14	40	0	40	0	4.14	
4.15	125	0	125	0	4.15	
4.16	130	0	130	0	4.16	
4.17	2,502	0	2,502	0	4.17	
4.18	3,722	0	3,722	0	4.18	
4.19	0	216	-216	0	4.19	
4.20	10,903	0	10,903	0	4.20	
4.21	3,480	0	3,480	0	4.21	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	74,268,798	35,015,272	39,253,526	0	5.00

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

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

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

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

6.00	IU HEALTH	100.00	HEALTHCARE	6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150173

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 8:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	5,260,799	5,260,799	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	1,181,572	1,181,572	2.00
3.00	51.00	RECOVERY ROOM	525	525	3.00
4.00	53.00	ANESTHESIOLOGY	8,748,723	8,748,723	4.00
5.00	53.01	ASC ANESTHESIOLOGY	8,907	8,907	5.00
6.00	60.00	LABORATORY	2,500	2,500	6.00
7.00	76.00	CARDIAC CATHETERIZATION	7,506	7,506	7.00
8.00	91.00	EMERGENCY	59,603	0	8.00
9.00	93.01	HORIZON CANCER CENTER	2,120,072	2,120,072	9.00
10.00	93.02	ARNETT CANCER CARE CENTER	940,116	940,116	10.00
200.00			18,330,323	18,270,720	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150173

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 8:09 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	59,603	171,400	341	28,100	1,405	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	59,603		341	28,100	1,405	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150173

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 8:09 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	28,100	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	28,100	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150173

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 8:09 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	5,260,799	1.00
2.00	0	1,181,572	2.00
3.00	0	525	3.00
4.00	0	8,748,723	4.00
5.00	0	8,907	5.00
6.00	0	2,500	6.00
7.00	0	7,506	7.00
8.00	31,503	31,503	8.00
9.00	0	2,120,072	9.00
10.00	0	940,116	10.00
200.00	31,503	18,302,223	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			MVBLE EQUIP	
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE		
	0	1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	8,021,757	8,021,757				1.00
1.01 CAP REL COSTS-BLDG & FIXT - NONHOSP	6,866,401	0	6,866,401			1.01
1.02 CAP REL COSTS INTEREST EXPENSE	13,101,079	0	0	13,101,079		1.02
2.00 CAP REL COSTS-MVBLE EQUIP	9,289,673				9,289,673	2.00
2.01 CAP REL COSTS-MVBLE EQUIP - NONHOSP	1,266,453				0	2.01
4.00 EMPLOYEE BENEFITS	32,843,989	0	0	0	0	4.00
5.01 ADMITTING	4,998,358	169,257	20,979	276,429	196,009	5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL	28,936,544	197,214	3,110	322,089	228,386	5.06
7.00 OPERATION OF PLANT	7,192,080	2,159,699	0	3,527,202	2,501,058	7.00
7.01 OPERATION OF PLANT - NONHOSPITAL	4,741,694	0	41,013	0	0	7.01
8.00 LAUNDRY & LINEN SERVICE	610,988	0	0	0	0	8.00
9.00 HOUSEKEEPING	2,037,768	91,359	7,684	149,207	105,799	9.00
10.00 DIETARY	700,517	61,171	0	99,905	70,840	10.00
11.00 CAFETERIA	884,809	166,549	0	272,006	192,873	11.00
13.00 NURSING ADMINISTRATION	4,636,241	187,775	4,391	306,674	217,455	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,393,098	330,568	5,839	539,882	382,818	14.00
15.00 PHARMACY	18,079,230	89,925	2,714	146,865	104,139	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,103,467	0	0	0	0	16.00
17.00 SOCIAL SERVICE	170,887	7,388	0	12,065	8,555	17.00
18.00 PATIENT TRANSPORT SERVICES	658,886	29,948	0	48,912	34,682	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	16,324,330	1,995,259	0	3,258,643	2,310,629	30.00
31.00 INTENSIVE CARE UNIT	2,574,598	224,036	0	365,895	259,447	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 NEONATAL INTENSIVE CARE UNIT	1,362,791	201,774	0	329,536	233,666	35.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	849,332	104,899	0	171,321	121,480	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	4,441,786	614,900	26,575	1,004,251	712,091	50.00
51.00 RECOVERY ROOM	527,215	81,980	0	133,889	94,938	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	-206,684	12,525	0	20,456	14,505	53.00
53.01 ASC ANESTHESIOLOGY	45,357	0	7,029	0	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC	2,399,609	226,705	0	370,252	262,537	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	703,101	35,882	0	58,603	41,554	56.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	6,724,221	187,477	0	306,186	217,109	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	1,575,131	12,286	0	20,065	14,228	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,654,255	20,470	0	33,432	23,706	65.00
66.00 PHYSICAL THERAPY	768,769	29,431	0	48,066	34,083	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	989,171	32,716	0	53,432	37,887	69.00
70.00 ELECTROENCEPHALOGRAPHY	71,916	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,763,000	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	7,686,870	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	16,449,018	0	0	0	0	73.00
74.00 RENAL DIALYSIS	397,965	31,422	0	51,318	36,389	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 ASC (NON-DISTINCT PART)	2,994,617	0	518,732	0	0	75.01
76.00 CARDIAC CATHETERIZATION	4,307,717	226,167	0	369,374	261,915	76.00
76.97 CARDIAC REHABILITATION	222,342	0	0	0	0	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			MVBLE EQUIP	
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE		
		0	1.00	1.01		
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 SLEEP CLINIC	466,298	0	0	0	0	90.01
91.00 EMERGENCY	3,755,513	436,842	0	713,447	505,889	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	637,863	0	0	0	0	92.01
93.00 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01 HORIZON CANCER CENTER	908,521	0	0	0	0	93.01
93.02 ARNETT CANCER CARE CENTER	650,095	0	148,882	0	0	93.02
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	229,578,636	7,965,624	786,948	13,009,402	9,224,667	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	132,385	43,250	0	70,636	50,086	190.00
191.00 RESEARCH	273,839	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	83,545,604	12,883	6,079,453	21,041	14,920	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	1,104,730	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	314,635,194	8,021,757	6,866,401	13,101,079	9,289,673	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description	CAPI TAL	EMPLOYEE	ADMI TTING	Subtotal	OTHER			
	RELATED COSTS						BENEFI TS	ADMINI STRATI VE
	MVBLE EQUI P - NONHOSP							AND GENERAL
	2.01	4.00	5.01	5A.01	5.06			
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT					1.00		
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01		
1.02	CAP REL COSTS INTEREST EXPENSE					1.02		
2.00	CAP REL COSTS-MVBLE EQUIP					2.00		
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	1,266,453				2.01		
4.00	EMPLOYEE BENEFITS	0	32,843,989			4.00		
5.01	ADMI TTING	3,869	1,112,926	6,777,827		5.01		
5.06	OTHER ADMINI STRATI VE AND GENERAL	574	838,580	0	30,526,497	30,526,497		
7.00	OPERATION OF PLANT	0	266,340	0	15,646,379	1,681,156		
7.01	OPERATION OF PLANT - NONHOSPITAL	7,565	264,153	0	5,054,425	543,083		
8.00	LAUNDRY & LINEN SERVICE	0	0	0	610,988	65,649		
9.00	HOUSEKEEPING	1,417	227,380	0	2,620,614	281,577		
10.00	DI ETARY	0	58,270	0	990,703	106,448		
11.00	CAFETERIA	0	158,654	0	1,674,891	179,962		
13.00	NURSING ADMINI STRATION	810	763,243	0	6,116,589	657,209		
14.00	CENTRAL SERVICES & SUPPLY	1,077	221,994	0	2,875,276	308,940		
15.00	PHARMACY	501	619,851	0	19,043,225	2,046,137		
16.00	MEDI CAL RECORDS & LIBRARY	0	0	0	1,103,467	118,564		
17.00	SOCI AL SERVICE	0	39,478	0	238,373	25,612		
18.00	PATI ENT TRANSPORT SERVICES	0	91,544	0	863,972	92,831		
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		
20.00	NURSING SCHOOL	0	0	0	0	0		
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDI ATRICS	0	4,756,596	731,540	29,376,997	3,156,470		
31.00	INTENSIVE CARE UNIT	0	574,775	88,242	4,086,993	439,135		
32.00	CORONARY CARE UNIT	0	0	0	0	0		
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0		
34.00	SURGI CAL INTENSIVE CARE UNIT	0	0	0	0	0		
35.00	NEONATAL INTENSIVE CARE UNIT	0	574,061	58,529	2,760,357	296,592		
40.00	SUBPROVIDER - IPF	0	0	0	0	0		
41.00	SUBPROVIDER - IRF	0	0	0	0	0		
42.00	SUBPROVIDER	0	0	0	0	0		
43.00	NURSERY	0	190,097	17,650	1,454,779	156,312		
44.00	SKI LLED NURSING FACI LITY	0	0	0	0	0		
45.00	NURSING FACI LITY	0	0	0	0	0		
46.00	OTHER LONG TERM CARE	0	0	0	0	0		
ANCI LLARY SERVICE COST CENTERS								
50.00	OPERATI NG ROOM	4,901	672,490	648,702	8,125,696	873,082		
51.00	RECOVERY ROOM	0	119,892	60,619	1,018,533	109,438		
52.00	DELI VERY ROOM & LABOR ROOM	0	0	0	0	0		
53.00	ANESTHESI OLOGY	0	1,633,891	31,187	1,505,880	161,802		
53.01	ASC ANESTHESI OLOGY	1,296	0	15,889	69,571	7,475		
54.00	RADI OLOGY-DI AGNOSTIC	0	456,502	468,832	4,184,437	449,605		
55.00	RADI OLOGY-THERAPEUTI C	0	0	0	0	0		
56.00	RADI OI SOTOPE	0	57,521	96,738	993,399	106,738		
59.00	CARDI AC CATHETERI ZATION	0	0	0	0	0		
60.00	LABORATORY	0	627,634	899,204	8,961,831	962,922		
61.00	PBP CLI NI CAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		
63.00	BLOOD STORING, PROCESSING & TRANS.	0	17,089	55,373	1,694,172	182,034		
64.00	INTRAVENOUS THERAPY	0	0	0	0	0		
65.00	RESPI RATORY THERAPY	0	361,136	95,672	2,188,671	235,166		
66.00	PHYSI CAL THERAPY	0	144,907	42,408	1,067,664	114,717		
67.00	OCCUPATI ONAL THERAPY	0	0	0	0	0		
68.00	SPEECH PATHOLOGY	0	0	0	0	0		
69.00	ELECTROCARDI OLOGY	0	204,698	200,251	1,518,155	163,121		
70.00	ELECTROENCEPHALOGRAPHY	0	16,384	6,968	95,268	10,236		
71.00	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	112,831	2,875,831	308,999		
72.00	IMPL. DEV. CHARGED TO PATI ENTS	0	0	427,998	8,114,868	871,918		
73.00	DRUGS CHARGED TO PATI ENTS	0	90,579	974,628	17,514,225	1,881,851		
74.00	RENAL DI ALYSI S	0	0	13,384	530,478	56,998		
75.00	ASC (NON-DI STI NCT PART)	0	0	0	0	0		
75.01	ASC (NON-DI STI NCT PART)	95,676	491,138	589,720	4,689,883	503,914		
76.00	CARDI AC CATHETERI ZATION	0	545,742	377,259	6,088,174	654,156		
76.97	CARDI AC REHABI LI TATION	0	48,674	699	271,715	29,195		
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLI NI C	0	0	0	0	0		

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	MVBLE EQUIP - NONHOSP					
	2.01	4.00	5.01	5A.01	5.06	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 SLEEP CLINIC	0	90,809	63,037	620,144	66,633	90.01
91.00 EMERGENCY	0	824,720	548,297	6,784,708	728,997	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	141,779	50,366	830,008	89,182	92.01
93.00 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01 HORIZON CANCER CENTER	0	161,567	38,691	1,108,779	119,135	93.01
93.02 ARNETT CANCER CARE CENTER	27,460	340,846	63,113	1,230,396	132,202	93.02
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	145,146	17,805,940	6,777,827	207,127,011	18,975,193	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,890	0	301,247	32,368	190.00
191.00 RESEARCH	0	62,425	0	336,264	36,131	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,121,307	14,904,962	0	105,700,170	11,357,038	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	0	65,772	0	1,170,502	125,767	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,266,453	32,843,989	6,777,827	314,635,194	30,526,497	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150173		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/30/2012 8:09 pm	
Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	ADMINISTRATIVE						5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT	17,327,535					7.00
7.01	OPERATION OF PLANT - NONHOSPITAL	0	5,597,508				7.01
8.00	LAUNDRY & LINEN SERVICE	0	0	676,637			8.00
9.00	HOUSEKEEPING	288,053	6,324	0	3,196,568		9.00
10.00	DIETARY	192,873	0	0	36,182	1,326,206	10.00
11.00	CAFETERIA	525,126	0	0	98,512	0	11.00
13.00	NURSING ADMINISTRATION	592,054	3,614	0	111,068	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,042,279	4,806	0	195,529	0	14.00
15.00	PHARMACY	283,533	2,234	0	53,190	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	23,293	0	0	4,370	0	17.00
18.00	PATIENT TRANSPORT SERVICES	94,427	0	0	17,714	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,291,033	0	553,420	1,180,187	1,084,703	30.00
31.00	INTENSIVE CARE UNIT	706,384	0	49,874	132,516	97,752	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	636,191	0	38,339	119,348	75,144	35.00
40.00	SUBPROVIDER - I/P	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I/R	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	330,747	0	35,004	62,047	68,607	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	1,938,773	21,871	0	363,709	0	50.00
51.00	RECOVERY ROOM	258,482	0	0	48,491	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	39,491	0	0	7,408	0	53.00
53.01	ASC ANESTHESIOLOGY	0	5,785	0	0	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	714,797	0	0	134,094	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	113,137	0	0	21,224	0	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	591,112	0	0	110,891	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	38,738	0	0	7,267	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	64,542	0	0	12,108	0	65.00
66.00	PHYSICAL THERAPY	92,795	0	0	17,408	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	103,154	0	0	19,352	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	99,073	0	0	18,586	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	ASC (NON-DISTINCT PART)	0	426,919	0	0	0	75.01
76.00	CARDIAC CATHETERIZATION	713,102	0	0	133,776	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
90.01	SLEEP CLINIC	0	0	0	0	0	90.01
91.00	EMERGENCY	1,377,358	0	0	258,389	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	HORIZON CANCER CENTER	0	0	0	0	0	93.01
93.02	ARNETT CANCER CARE CENTER	0	122,531	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	17,150,547	594,084	676,637	3,163,366	1,326,206	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	136,367	0	0	25,582	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	40,621	5,003,424	0	7,620	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	MARKETING/PUBLIC RELATIONS	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)	17,327,535	5,597,508	676,637	3,196,568	1,326,206	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150173		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/30/2012 8:09 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	ADMINISTRATIVE						5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT - NONHOSPITAL						7.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	2,478,491					11.00
13.00	NURSING ADMINISTRATION	111,899	7,592,433				13.00
14.00	CENTRAL SERVICES & SUPPLY	70,364	0	4,497,194			14.00
15.00	PHARMACY	93,372	0	57,138	21,578,829		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,222,031	16.00
17.00	SOCIAL SERVICE	8,553	55,320	0	0	0	17.00
18.00	PATIENT TRANSPORT SERVICES	40,743	0	41	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	805,013	5,206,785	435,432	0	131,930	30.00
31.00	INTENSIVE CARE UNIT	97,334	629,551	88,575	0	15,914	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	68,068	440,261	29,871	0	10,555	35.00
40.00	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	36,589	236,656	5,601	0	3,183	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	122,501	0	1,667,577	1,506	116,991	50.00
51.00	RECOVERY ROOM	18,254	0	2,524	0	10,932	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	66,948	0	86,195	5,179	5,624	53.00
53.01	ASC ANESTHESIOLOGY	0	0	21,186	0	2,866	53.01
54.00	RADIOLOGY-DIAGNOSTIC	84,327	0	51,004	41	84,552	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	10,602	0	2,085	18,682	17,446	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	153,543	0	378,463	0	162,168	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	2,733	0	20,771	0	9,986	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	71,921	0	39,652	0	17,254	65.00
66.00	PHYSICAL THERAPY	24,866	0	473	0	7,648	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	46,317	0	3,394	0	36,114	69.00
70.00	ELECTROENCEPHALOGRAPHY	3,580	0	541	0	1,257	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	20,349	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	77,188	72.00
73.00	DRUGS CHARGED TO PATIENTS	10,438	0	3,811	21,451,824	175,450	73.00
74.00	RENAL DIALYSIS	0	0	1,597	964	2,414	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	ASC (NON-DISTINCT PART)	102,307	0	487,144	0	106,353	75.01
76.00	CARDIAC CATHETERIZATION	92,989	0	626,153	21,023	68,037	76.00
76.97	CARDIAC REHABILITATION	8,280	0	1,016	399	126	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
90.01	SLEEP CLINIC	23,172	0	6,398	23	11,368	90.01
91.00	EMERGENCY	158,297	1,023,860	93,245	856	98,883	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	26,943	0	7,810	0	9,083	92.01
93.00	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	HORIZON CANCER CENTER	53,203	0	32,159	0	6,978	93.01
93.02	ARNETT CANCER CARE CENTER	37,791	0	12,339	78,332	11,382	93.02
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,450,947	7,592,433	4,162,195	21,578,829	1,222,031	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,022	0	0	0	0	190.00
191.00	RESEARCH	11,996	0	6	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	334,930	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	MARKETING/PUBLIC RELATIONS	13,526	0	63	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)	2,478,491	7,592,433	4,497,194	21,578,829	1,222,031	202.00

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		PATIENT TRANSPORT SERVICES				
	17.00	18.00	19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 CAP REL COSTS INTEREST EXPENSE						1.02
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
2.01 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
7.01 OPERATION OF PLANT - NONHOSPITAL						7.01
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	355,521					17.00
18.00 PATIENT TRANSPORT SERVICES	0	1,109,728				18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 NURSING SCHOOL	0	0	0	0		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	290,780	907,646	0	0		30.00
31.00 INTENSIVE CARE UNIT	26,205	81,796	0	0		31.00
32.00 CORONARY CARE UNIT	0	0	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
35.00 NEONATAL INTENSIVE CARE UNIT	20,144	62,878	0	0		35.00
40.00 SUBPROVIDER - IPF	0	0	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0		42.00
43.00 NURSERY	18,392	57,408	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	0	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0	0		53.00
53.01 ASC ANESTHESIOLOGY	0	0	0	0		53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0	0		56.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 LABORATORY	0	0	0	0		60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01 ASC (NON-DISTINCT PART)	0	0	0	0		75.01
76.00 CARDIAC CATHETERIZATION	0	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0		88.00

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		PATIENT TRANSPORT SERVICES					
		17.00	18.00				
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 CLINIC	0	0	0	0	0		90.00
90.01 SLEEP CLINIC	0	0	0	0	0		90.01
91.00 EMERGENCY	0	0	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0		92.01
93.00 OTHER OUTPATIENT SERVICES	0	0	0	0	0		93.00
93.01 HORIZON CANCER CENTER	0	0	0	0	0		93.01
93.02 ARNETT CANCER CARE CENTER	0	0	0	0	0		93.02
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0		98.00
99.00 CMHC	0	0	0	0	0		99.00
99.10 CORF	0	0	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0	0		111.00
113.00 INTEREST EXPENSE							113.00
114.00 UTILIZATION REVIEW-SNF							114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0		115.00
116.00 HOSPICE	0	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	355,521	1,109,728	0	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	0	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0	0	0		193.00
194.00 MARKETING/PUBLIC RELATIONS	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)	355,521	1,109,728	0	0	0		202.00

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 CAP REL COSTS INTEREST EXPENSE						1.02
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
2.01 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
7.01 OPERATION OF PLANT - NONHOSPITAL						7.01
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
18.00 PATIENT TRANSPORT SERVICES						18.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	49,420,396	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	6,452,029	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0	0	4,557,748	0	35.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	2,465,325	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	0	0	13,231,706	0	50.00
51.00 RECOVERY ROOM	0	0	0	1,466,654	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	1,878,527	0	53.00
53.01 ASC ANESTHESIOLOGY	0	0	0	106,883	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	5,702,857	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	1,283,313	0	56.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	11,320,930	0	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,955,701	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	2,629,314	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	1,325,571	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	1,889,607	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	110,882	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,205,179	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,063,974	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	41,037,599	0	73.00
74.00 RENAL DIALYSIS	0	0	0	710,110	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 ASC (NON-DISTINCT PART)	0	0	0	6,316,520	0	75.01
76.00 CARDIAC CATHETERIZATION	0	0	0	8,397,410	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	310,731	0	76.97

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 SLEEP CLINIC	0	0	0	727,738	0	90.01
91.00 EMERGENCY	0	0	0	10,524,593	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	963,026	0	92.01
93.00 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01 HORIZON CANCER CENTER	0	0	0	1,320,254	0	93.01
93.02 ARNETT CANCER CARE CENTER	0	0	0	1,624,973	0	93.02
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	189,999,550	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	497,586	0	190.00
191.00 RESEARCH	0	0	0	384,397	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	122,443,803	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	0	0	0	1,309,858	0	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	314,635,194	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP		1.01
1.02	CAP REL COSTS INTEREST EXPENSE		1.02
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP		2.01
4.00	EMPLOYEE BENEFITS		4.00
5.01	ADMITTING		5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	OPERATION OF PLANT		7.00
7.01	OPERATION OF PLANT - NONHOSPITAL		7.01
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
18.00	PATIENT TRANSPORT SERVICES		18.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	49,420,396	30.00
31.00	INTENSIVE CARE UNIT	6,452,029	31.00
32.00	CORONARY CARE UNIT	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	4,557,748	35.00
40.00	SUBPROVIDER - I PF	0	40.00
41.00	SUBPROVIDER - I RF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	2,465,325	43.00
44.00	SKILLED NURSING FACILITY	0	44.00
45.00	NURSING FACILITY	0	45.00
46.00	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	13,231,706	50.00
51.00	RECOVERY ROOM	1,466,654	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	ANESTHESIOLOGY	1,878,527	53.00
53.01	ASC ANESTHESIOLOGY	106,883	53.01
54.00	RADIOLOGY-DIAGNOSTIC	5,702,857	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	RADIOISOTOPE	1,283,313	56.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	11,320,930	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1,955,701	63.00
64.00	INTRAVENOUS THERAPY	0	64.00
65.00	RESPIRATORY THERAPY	2,629,314	65.00
66.00	PHYSICAL THERAPY	1,325,571	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	1,889,607	69.00
70.00	ELECTROENCEPHALOGRAPHY	110,882	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,205,179	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	9,063,974	72.00
73.00	DRUGS CHARGED TO PATIENTS	41,037,599	73.00
74.00	RENAL DIALYSIS	710,110	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
75.01	ASC (NON-DISTINCT PART)	6,316,520	75.01
76.00	CARDIAC CATHETERIZATION	8,397,410	76.00
76.97	CARDIAC REHABILITATION	310,731	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	0	90.00
90.01	SLEEP CLINIC	727,738	90.01
91.00	EMERGENCY	10,524,593	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

Period:
From 01/01/2011
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Cost Center Description		Total	
		26.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	963,026	92.01
93.00	OTHER OUTPATIENT SERVICES	0	93.00
93.01	HORIZON CANCER CENTER	1,320,254	93.01
93.02	ARNETT CANCER CARE CENTER	1,624,973	93.02
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0	94.00
95.00	AMBULANCE SERVICES	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	CMHC	0	99.00
99.10	CORF	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	0	105.00
106.00	HEART ACQUISITION	0	106.00
107.00	LIVER ACQUISITION	0	107.00
108.00	LUNG ACQUISITION	0	108.00
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE		113.00
114.00	UTILIZATION REVIEW-SNF		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	189,999,550	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	497,586	190.00
191.00	RESEARCH	384,397	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	122,443,803	192.00
193.00	NONPAID WORKERS	0	193.00
194.00	MARKETING/PUBLIC RELATIONS	1,309,858	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	314,635,194	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			MVBLE EQUIP		
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE			
		1.00	1.01	1.02			2.00
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01	
1.02	CAP REL COSTS INTEREST EXPENSE					1.02	
2.00	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01	
4.00	EMPLOYEE BENEFITS	0	0	0	0	4.00	
5.01	ADMINISTRATIVE	0	169,257	20,979	276,429	196,009	5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	197,214	3,110	322,089	228,386	5.06
7.00	OPERATION OF PLANT	0	2,159,699	0	3,527,202	2,501,058	7.00
7.01	OPERATION OF PLANT - NONHOSPITAL	0	0	41,013	0	0	7.01
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	91,359	7,684	149,207	105,799	9.00
10.00	DIETARY	0	61,171	0	99,905	70,840	10.00
11.00	CAFETERIA	0	166,549	0	272,006	192,873	11.00
13.00	NURSING ADMINISTRATION	0	187,775	4,391	306,674	217,455	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	330,568	5,839	539,882	382,818	14.00
15.00	PHARMACY	0	89,925	2,714	146,865	104,139	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	7,388	0	12,065	8,555	17.00
18.00	PATIENT TRANSPORT SERVICES	0	29,948	0	48,912	34,682	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	1,995,259	0	3,258,643	2,310,629	30.00
31.00	INTENSIVE CARE UNIT	0	224,036	0	365,895	259,447	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	201,774	0	329,536	233,666	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	104,899	0	171,321	121,480	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	614,900	26,575	1,004,251	712,091	50.00
51.00	RECOVERY ROOM	0	81,980	0	133,889	94,938	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	12,525	0	20,456	14,505	53.00
53.01	ASC ANESTHESIOLOGY	0	0	7,029	0	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0	226,705	0	370,252	262,537	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	35,882	0	58,603	41,554	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	187,477	0	306,186	217,109	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	12,286	0	20,065	14,228	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	20,470	0	33,432	23,706	65.00
66.00	PHYSICAL THERAPY	0	29,431	0	48,066	34,083	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	32,716	0	53,432	37,887	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	31,422	0	51,318	36,389	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	ASC (NON-DISTINCT PART)	0	0	518,732	0	0	75.01
76.00	CARDIAC CATHETERIZATION	0	226,167	0	369,374	261,915	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			MVBLE EQUIP	
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE		
		1.00	1.01	1.02		
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 SLEEP CLINIC	63,557	0	0	0	0	90.01
91.00 EMERGENCY	0	436,842	0	713,447	505,889	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01 HORIZON CANCER CENTER	47,860	0	0	0	0	93.01
93.02 ARNETT CANCER CARE CENTER	0	0	148,882	0	0	93.02
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	111,417	7,965,624	786,948	13,009,402	9,224,667	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	43,250	0	70,636	50,086	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	12,883	6,079,453	21,041	14,920	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	111,417	8,021,757	6,866,401	13,101,079	9,289,673	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

Period:
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Cost Center Description	CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	
	MVBLE EQUIP - NONHOSP					
	2.01	2A	4.00	5.01	5.06	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	EMPLOYEE BENEFITS	0	0	0		4.00
5.01	ADMITTING	3,869	666,543	0	666,543	5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL	574	751,373	0	0	751,373 5.06
7.00	OPERATION OF PLANT	0	8,187,959	0	0	41,385 7.00
7.01	OPERATION OF PLANT - NONHOSPITAL	7,565	48,578	0	0	13,369 7.01
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	1,616 8.00
9.00	HOUSEKEEPING	1,417	355,466	0	0	6,932 9.00
10.00	DIETARY	0	231,916	0	0	2,620 10.00
11.00	CAFETERIA	0	631,428	0	0	4,430 11.00
13.00	NURSING ADMINISTRATION	810	717,105	0	0	16,178 13.00
14.00	CENTRAL SERVICES & SUPPLY	1,077	1,260,184	0	0	7,605 14.00
15.00	PHARMACY	501	344,144	0	0	50,369 15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,919 16.00
17.00	SOCIAL SERVICE	0	28,008	0	0	630 17.00
18.00	PATIENT TRANSPORT SERVICES	0	113,542	0	0	2,285 18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	7,564,531	0	71,962	77,702 30.00
31.00	INTENSIVE CARE UNIT	0	849,378	0	8,680	10,810 31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	764,976	0	5,758	7,301 35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	SUBPROVIDER	0	0	0	0	0 42.00
43.00	NURSERY	0	397,700	0	1,736	3,848 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	4,901	2,362,718	0	63,813	21,492 50.00
51.00	RECOVERY ROOM	0	310,807	0	5,963	2,694 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	ANESTHESIOLOGY	0	47,486	0	3,068	3,983 53.00
53.01	ASC ANESTHESIOLOGY	1,296	8,325	0	1,563	184 53.01
54.00	RADIOLOGY-DIAGNOSTIC	0	859,494	0	46,119	11,068 54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	RADIOISOTOPE	0	136,039	0	9,516	2,628 56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	LABORATORY	0	710,772	0	88,455	23,704 60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	46,579	0	5,447	4,481 63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	RESPIRATORY THERAPY	0	77,608	0	9,411	5,789 65.00
66.00	PHYSICAL THERAPY	0	111,580	0	4,172	2,824 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	124,035	0	19,699	4,016 69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	685	252 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,099	7,607 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	42,102	21,464 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	95,681	46,325 73.00
74.00	RENAL DIALYSIS	0	119,129	0	1,317	1,403 74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	ASC (NON-DISTINCT PART)	95,676	614,408	0	58,011	12,405 75.01
76.00	CARDIAC CATHETERIZATION	0	857,456	0	37,111	16,103 76.00
76.97	CARDIAC REHABILITATION	0	0	0	69	719 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0 88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description	CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL		
	MVBLE EQUIP - NONHOSP						
	2.01						2A
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	SLEEP CLINIC	0	63,557	0	6,201	1,640	90.01
91.00	EMERGENCY	0	1,656,178	0	53,936	17,946	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	4,955	2,195	92.01
93.00	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	HORIZON CANCER CENTER	0	47,860	0	3,806	2,933	93.01
93.02	ARNETT CANCER CARE CENTER	27,460	176,342	0	6,208	3,254	93.02
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	145,146	31,243,204	0	666,543	467,108	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	163,972	0	0	797	190.00
191.00	RESEARCH	0	0	0	0	889	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,121,307	7,249,604	0	0	279,483	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	MARKETING/PUBLIC RELATIONS	0	0	0	0	3,096	194.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,266,453	38,656,780	0	666,543	751,373	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150173		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 8:09 pm	
Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	ADMINISTRATIVE						5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT	8,229,344					7.00
7.01	OPERATION OF PLANT - NONHOSPITAL	0	61,947				7.01
8.00	LAUNDRY & LINEN SERVICE	0	0	1,616			8.00
9.00	HOUSEKEEPING	136,805	70	0	499,273		9.00
10.00	DIETARY	91,601	0	0	5,651	331,788	10.00
11.00	CAFETERIA	249,398	0	0	15,387	0	11.00
13.00	NURSING ADMINISTRATION	281,184	40	0	17,348	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	495,008	53	0	30,540	0	14.00
15.00	PHARMACY	134,658	25	0	8,308	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	11,062	0	0	683	0	17.00
18.00	PATIENT TRANSPORT SERVICES	44,846	0	0	2,767	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,987,788	0	1,321	184,331	271,370	30.00
31.00	INTENSIVE CARE UNIT	335,482	0	119	20,698	24,455	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	302,146	0	92	18,641	18,799	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	157,081	0	84	9,691	17,164	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	920,779	242	0	56,808	0	50.00
51.00	RECOVERY ROOM	122,761	0	0	7,574	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	18,756	0	0	1,157	0	53.00
53.01	ASC ANESTHESIOLOGY	0	64	0	0	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	339,478	0	0	20,944	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	53,732	0	0	3,315	0	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	280,736	0	0	17,320	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	18,398	0	0	1,135	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	30,653	0	0	1,891	0	65.00
66.00	PHYSICAL THERAPY	44,071	0	0	2,719	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	48,991	0	0	3,023	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	47,053	0	0	2,903	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	ASC (NON-DISTINCT PART)	0	4,725	0	0	0	75.01
76.00	CARDIAC CATHETERIZATION	338,673	0	0	20,895	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
90.01	SLEEP CLINIC	0	0	0	0	0	90.01
91.00	EMERGENCY	654,147	0	0	40,358	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	HORIZON CANCER CENTER	0	0	0	0	0	93.01
93.02	ARNETT CANCER CARE CENTER	0	1,356	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,145,287	6,575	1,616	494,087	331,788	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	64,765	0	0	3,996	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19,292	55,372	0	1,190	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	MARKETING/PUBLIC RELATIONS	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)	8,229,344	61,947	1,616	499,273	331,788	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150173		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 8:09 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	ADMINISTRATIVE						5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT - NONHOSPITAL						7.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	900,643					11.00
13.00	NURSING ADMINISTRATION	40,662	1,072,517				13.00
14.00	CENTRAL SERVICES & SUPPLY	25,569	0	1,818,959			14.00
15.00	PHARMACY	33,930	0	23,110	594,544		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,919	16.00
17.00	SOCIAL SERVICE	3,108	7,815	0	0	0	17.00
18.00	PATIENT TRANSPORT SERVICES	14,805	0	16	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	292,526	735,517	176,118	0	289	30.00
31.00	INTENSIVE CARE UNIT	35,370	88,931	35,826	0	35	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	24,735	62,192	12,082	0	23	35.00
40.00	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	13,296	33,430	2,265	0	7	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	44,515	0	674,475	41	256	50.00
51.00	RECOVERY ROOM	6,633	0	1,021	0	24	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	24,328	0	34,863	143	12	53.00
53.01	ASC ANESTHESIOLOGY	0	0	8,569	0	6	53.01
54.00	RADIOLOGY-DIAGNOSTIC	30,643	0	20,629	1	185	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	3,853	0	843	515	38	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	55,795	0	153,076	0	355	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	993	0	8,401	0	22	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	26,135	0	16,038	0	38	65.00
66.00	PHYSICAL THERAPY	9,036	0	191	0	17	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	16,831	0	1,373	0	79	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,301	0	219	0	3	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	45	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	169	72.00
73.00	DRUGS CHARGED TO PATIENTS	3,793	0	1,541	591,044	627	73.00
74.00	RENAL DIALYSIS	0	0	646	27	5	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	ASC (NON-DISTINCT PART)	37,177	0	197,033	0	233	75.01
76.00	CARDIAC CATHETERIZATION	33,791	0	253,258	579	149	76.00
76.97	CARDIAC REHABILITATION	3,009	0	411	11	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
90.01	SLEEP CLINIC	8,420	0	2,588	1	25	90.01
91.00	EMERGENCY	57,523	144,632	37,715	24	217	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	9,791	0	3,159	0	20	92.01
93.00	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	HORIZON CANCER CENTER	19,333	0	13,007	0	15	93.01
93.02	ARNETT CANCER CARE CENTER	13,733	0	4,991	2,158	25	93.02
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	890,634	1,072,517	1,683,464	594,544	2,919	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	735	0	0	0	0	190.00
191.00	RESEARCH	4,359	0	2	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	135,468	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	MARKETING/PUBLIC RELATIONS	4,915	0	25	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)	900,643	1,072,517	1,818,959	594,544	2,919	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		PATIENT TRANSPORT SERVICES			
	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS					
1.00 CAP REL COSTS-BLDG & FIXT					1.00
1.01 CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 CAP REL COSTS INTEREST EXPENSE					1.02
2.00 CAP REL COSTS-MVBLE EQUIP					2.00
2.01 CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 EMPLOYEE BENEFITS					4.00
5.01 ADMITTING					5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00 OPERATION OF PLANT					7.00
7.01 OPERATION OF PLANT - NONHOSPITAL					7.01
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE	51,306				17.00
18.00 PATIENT TRANSPORT SERVICES	0	178,261			18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00 NURSING SCHOOL	0	0		0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	41,963	145,800			30.00
31.00 INTENSIVE CARE UNIT	3,782	13,139			31.00
32.00 CORONARY CARE UNIT	0	0			32.00
33.00 BURN INTENSIVE CARE UNIT	0	0			33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0			34.00
35.00 NEONATAL INTENSIVE CARE UNIT	2,907	10,100			35.00
40.00 SUBPROVIDER - IPF	0	0			40.00
41.00 SUBPROVIDER - IRF	0	0			41.00
42.00 SUBPROVIDER	0	0			42.00
43.00 NURSERY	2,654	9,222			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	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
53.01 ASC ANESTHESIOLOGY	0	0			53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00 RADIOISOTOPE	0	0			56.00
59.00 CARDIAC CATHETERIZATION	0	0			59.00
60.00 LABORATORY	0	0			60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00 INTRAVENOUS THERAPY	0	0			64.00
65.00 RESPIRATORY THERAPY	0	0			65.00
66.00 PHYSICAL THERAPY	0	0			66.00
67.00 OCCUPATIONAL THERAPY	0	0			67.00
68.00 SPEECH PATHOLOGY	0	0			68.00
69.00 ELECTROCARDIOLOGY	0	0			69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00 RENAL DIALYSIS	0	0			74.00
75.00 ASC (NON-DISTINCT PART)	0	0			75.00
75.01 ASC (NON-DISTINCT PART)	0	0			75.01
76.00 CARDIAC CATHETERIZATION	0	0			76.00
76.97 CARDIAC REHABILITATION	0	0			76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0			88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		PATIENT TRANSPORT SERVICES				
		17.00	18.00			
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00 CLINIC	0	0	0			90.00
90.01 SLEEP CLINIC	0	0	0			90.01
91.00 EMERGENCY	0	0	0			91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0			92.01
93.00 OTHER OUTPATIENT SERVICES	0	0	0			93.00
93.01 HORIZON CANCER CENTER	0	0	0			93.01
93.02 ARNETT CANCER CARE CENTER	0	0	0			93.02
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00 AMBULANCE SERVICES	0	0	0			95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
99.00 CMHC	0	0	0			99.00
99.10 CORF	0	0	0			99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00 HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0			105.00
106.00 HEART ACQUISITION	0	0	0			106.00
107.00 LIVER ACQUISITION	0	0	0			107.00
108.00 LUNG ACQUISITION	0	0	0			108.00
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	0	0			116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	51,306	178,261	0	0		118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00 RESEARCH	0	0	0			191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
193.00 NONPAID WORKERS	0	0	0			193.00
194.00 MARKETING/PUBLIC RELATIONS	0	0	0			194.00
200.00 Cross Foot Adjustments			0	0		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	51,306	178,261	0	0		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 CAP REL COSTS INTEREST EXPENSE						1.02
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
2.01 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
7.01 OPERATION OF PLANT - NONHOSPITAL						7.01
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
18.00 PATIENT TRANSPORT SERVICES						18.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 PARAMED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS				12,551,218	0	30.00
31.00 INTENSIVE CARE UNIT				1,426,705	0	31.00
32.00 CORONARY CARE UNIT				0	0	32.00
33.00 BURN INTENSIVE CARE UNIT				0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT				0	0	34.00
35.00 NEONATAL INTENSIVE CARE UNIT				1,229,752	0	35.00
40.00 SUBPROVIDER - IPF				0	0	40.00
41.00 SUBPROVIDER - IRF				0	0	41.00
42.00 SUBPROVIDER				0	0	42.00
43.00 NURSERY				648,178	0	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				4,145,139	0	50.00
51.00 RECOVERY ROOM				457,477	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM				0	0	52.00
53.00 ANESTHESIOLOGY				133,796	0	53.00
53.01 ASC ANESTHESIOLOGY				18,711	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC				1,328,561	0	54.00
55.00 RADIOLOGY-THERAPEUTIC				0	0	55.00
56.00 RADIOISOTOPE				210,479	0	56.00
59.00 CARDIAC CATHETERIZATION				0	0	59.00
60.00 LABORATORY				1,330,213	0	60.00
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.				85,456	0	63.00
64.00 INTRAVENOUS THERAPY				0	0	64.00
65.00 RESPIRATORY THERAPY				167,563	0	65.00
66.00 PHYSICAL THERAPY				174,610	0	66.00
67.00 OCCUPATIONAL THERAPY				0	0	67.00
68.00 SPEECH PATHOLOGY				0	0	68.00
69.00 ELECTROCARDIOLOGY				218,047	0	69.00
70.00 ELECTROENCEPHALOGRAPHY				2,460	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS				18,751	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS				63,735	0	72.00
73.00 DRUGS CHARGED TO PATIENTS				739,011	0	73.00
74.00 RENAL DIALYSIS				172,483	0	74.00
75.00 ASC (NON-DISTINCT PART)				0	0	75.00
75.01 ASC (NON-DISTINCT PART)				923,992	0	75.01
76.00 CARDIAC CATHETERIZATION				1,558,015	0	76.00
76.97 CARDIAC REHABILITATION				4,219	0	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC				0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00 CLINIC				0	0	90.00
90.01 SLEEP CLINIC				82,432	0	90.01
91.00 EMERGENCY				2,662,676	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)				20,120	0	92.01
93.00 OTHER OUTPATIENT SERVICES				0	0	93.00
93.01 HORIZON CANCER CENTER				86,954	0	93.01
93.02 ARNETT CANCER CARE CENTER				208,067	0	93.02
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS				0	0	94.00
95.00 AMBULANCE SERVICES				0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED				0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD				0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS				0	0	98.00
99.00 CMHC				0	0	99.00
99.10 CORF				0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM				0	0	100.00
101.00 HOME HEALTH AGENCY				0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION				0	0	105.00
106.00 HEART ACQUISITION				0	0	106.00
107.00 LIVER ACQUISITION				0	0	107.00
108.00 LUNG ACQUISITION				0	0	108.00
109.00 PANCREAS ACQUISITION				0	0	109.00
110.00 INTESTINAL ACQUISITION				0	0	110.00
111.00 ISLET ACQUISITION				0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)				0	0	115.00
116.00 HOSPICE				0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	30,668,820	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN				234,265	0	190.00
191.00 RESEARCH				5,250	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES				7,740,409	0	192.00
193.00 NONPAID WORKERS				0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS				8,036	0	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	38,656,780	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP		1.01
1.02	CAP REL COSTS INTEREST EXPENSE		1.02
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP		2.01
4.00	EMPLOYEE BENEFITS		4.00
5.01	ADMITTING		5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	OPERATION OF PLANT		7.00
7.01	OPERATION OF PLANT - NONHOSPITAL		7.01
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
18.00	PATIENT TRANSPORT SERVICES		18.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	12,551,218	30.00
31.00	INTENSIVE CARE UNIT	1,426,705	31.00
32.00	CORONARY CARE UNIT	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,229,752	35.00
40.00	SUBPROVIDER - IPF	0	40.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	648,178	43.00
44.00	SKILLED NURSING FACILITY	0	44.00
45.00	NURSING FACILITY	0	45.00
46.00	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	4,145,139	50.00
51.00	RECOVERY ROOM	457,477	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	ANESTHESIOLOGY	133,796	53.00
53.01	ASC ANESTHESIOLOGY	18,711	53.01
54.00	RADIOLOGY-DIAGNOSTIC	1,328,561	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	RADIOISOTOPE	210,479	56.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	1,330,213	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	85,456	63.00
64.00	INTRAVENOUS THERAPY	0	64.00
65.00	RESPIRATORY THERAPY	167,563	65.00
66.00	PHYSICAL THERAPY	174,610	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	218,047	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,460	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,751	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	63,735	72.00
73.00	DRUGS CHARGED TO PATIENTS	739,011	73.00
74.00	RENAL DIALYSIS	172,483	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
75.01	ASC (NON-DISTINCT PART)	923,992	75.01
76.00	CARDIAC CATHETERIZATION	1,558,015	76.00
76.97	CARDIAC REHABILITATION	4,219	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	0	90.00
90.01	SLEEP CLINIC	82,432	90.01
91.00	EMERGENCY	2,662,676	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description		Total	
		26.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	20,120	92.01
93.00	OTHER OUTPATIENT SERVICES	0	93.00
93.01	HORIZON CANCER CENTER	86,954	93.01
93.02	ARNETT CANCER CARE CENTER	208,067	93.02
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0	94.00
95.00	AMBULANCE SERVICES	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	CMHC	0	99.00
99.10	CORF	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	0	105.00
106.00	HEART ACQUISITION	0	106.00
107.00	LIVER ACQUISITION	0	107.00
108.00	LUNG ACQUISITION	0	108.00
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE		113.00
114.00	UTILIZATION REVIEW-SNF		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	30,668,820	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	234,265	190.00
191.00	RESEARCH	5,250	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	7,740,409	192.00
193.00	NONPAID WORKERS	0	193.00
194.00	MARKETING/PUBLIC RELATIONS	8,036	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	38,656,780	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)	
		1.00	1.01	1.02	2.00	2.01	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	402,849					1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	450,359				1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	402,849			1.02
2.00	CAP REL COSTS-MVBLE EQUIP				402,849		2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP				0	450,359	2.01
4.00	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.01	ADMINISTRATIVE	8,500	1,376	8,500	8,500	1,376	5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL	9,904	204	9,904	9,904	204	5.06
7.00	OPERATION OF PLANT	108,459	0	108,459	108,459	0	7.00
7.01	OPERATION OF PLANT - NONHOSPITAL	0	2,690	0	0	2,690	7.01
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	4,588	504	4,588	4,588	504	9.00
10.00	DIETARY	3,072	0	3,072	3,072	0	10.00
11.00	CAFETERIA	8,364	0	8,364	8,364	0	11.00
13.00	NURSING ADMINISTRATION	9,430	288	9,430	9,430	288	13.00
14.00	CENTRAL SERVICES & SUPPLY	16,601	383	16,601	16,601	383	14.00
15.00	PHARMACY	4,516	178	4,516	4,516	178	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	371	0	371	371	0	17.00
18.00	PATIENT TRANSPORT SERVICES	1,504	0	1,504	1,504	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	100,201	0	100,201	100,201	0	30.00
31.00	INTENSIVE CARE UNIT	11,251	0	11,251	11,251	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	10,133	0	10,133	10,133	0	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	5,268	0	5,268	5,268	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	30,880	1,743	30,880	30,880	1,743	50.00
51.00	RECOVERY ROOM	4,117	0	4,117	4,117	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	629	0	629	629	0	53.00
53.01	ASC ANESTHESIOLOGY	0	461	0	0	461	53.01
54.00	RADIOLOGY-DIAGNOSTIC	11,385	0	11,385	11,385	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	1,802	0	1,802	1,802	0	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	9,415	0	9,415	9,415	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	617	0	617	617	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,028	0	1,028	1,028	0	65.00
66.00	PHYSICAL THERAPY	1,478	0	1,478	1,478	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	1,643	0	1,643	1,643	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	1,578	0	1,578	1,578	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	ASC (NON-DISTINCT PART)	0	34,023	0	0	34,023	75.01
76.00	CARDIAC CATHETERIZATION	11,358	0	11,358	11,358	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description	CAPITAL RELATED COSTS					
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)	
	1.00	1.01	1.02	2.00	2.01	
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 SLEEP CLINIC	0	0	0	0	0	90.01
91.00 EMERGENCY	21,938	0	21,938	21,938	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01 HORIZON CANCER CENTER	0	0	0	0	0	93.01
93.02 ARNETT CANCER CARE CENTER	0	9,765	0	0	9,765	93.02
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	400,030	51,615	400,030	400,030	51,615	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,172	0	2,172	2,172	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	647	398,744	647	647	398,744	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	0	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)	8,021,757	6,866,401	13,101,079	9,289,673	1,266,453	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	19.912565	15.246506	32.521066	23.059938	2.812097	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)						204.00
205.00 Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description	EMPLOYEE BENEFITS (GROSS SALARIES)	ADMINITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	4.00	5.01	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 CAP REL COSTS INTEREST EXPENSE						1.02
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
2.01 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00 EMPLOYEE BENEFITS	134,126,054					4.00
5.01 ADMINITTING	4,544,893	669,416,412				5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL	3,424,535	0	-30,526,497	284,108,697		5.06
7.00 OPERATION OF PLANT	1,087,660	0	0	15,646,379	275,986	7.00
7.01 OPERATION OF PLANT - NONHOSPITAL	1,078,731	0	0	5,054,425	0	7.01
8.00 LAUNDRY & LINEN SERVICE	0	0	0	610,988	0	8.00
9.00 HOUSEKEEPING	928,561	0	0	2,620,614	4,588	9.00
10.00 DIETARY	237,959	0	0	990,703	3,072	10.00
11.00 CAFETERIA	647,900	0	0	1,674,891	8,364	11.00
13.00 NURSING ADMINISTRATION	3,116,881	0	0	6,116,589	9,430	13.00
14.00 CENTRAL SERVICES & SUPPLY	906,563	0	0	2,875,276	16,601	14.00
15.00 PHARMACY	2,531,305	0	0	19,043,225	4,516	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	1,103,467	0	16.00
17.00 SOCIAL SERVICE	161,219	0	0	238,373	371	17.00
18.00 PATIENT TRANSPORT SERVICES	373,840	0	0	863,972	1,504	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	19,424,666	72,250,844	0	29,376,997	100,201	30.00
31.00 INTENSIVE CARE UNIT	2,347,229	8,715,237	0	4,086,993	11,251	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 NEONATAL INTENSIVE CARE UNIT	2,344,310	5,780,632	0	2,760,357	10,133	35.00
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	776,304	1,743,167	0	1,454,779	5,268	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	2,746,268	64,069,320	0	8,125,696	30,880	50.00
51.00 RECOVERY ROOM	489,606	5,987,089	0	1,018,533	4,117	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	6,672,373	3,080,229	0	1,505,880	629	53.00
53.01 ASC ANESTHESIOLOGY	0	1,569,299	0	69,571	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC	1,864,234	46,304,416	0	4,184,437	11,385	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	234,899	9,554,377	0	993,399	1,802	56.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,563,091	88,810,267	0	8,961,831	9,415	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	69,788	5,468,941	0	1,694,172	617	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,474,784	9,449,044	0	2,188,671	1,028	65.00
66.00 PHYSICAL THERAPY	591,763	4,188,430	0	1,067,664	1,478	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	835,931	19,777,830	0	1,518,155	1,643	69.00
70.00 ELECTROENCEPHALOGRAPHY	66,909	688,182	0	95,268	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,143,830	0	2,875,831	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	42,271,446	0	8,114,868	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	369,900	96,260,947	0	17,514,225	0	73.00
74.00 RENAL DIALYSIS	0	1,321,909	0	530,478	1,578	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 ASC (NON-DISTINCT PART)	2,005,676	58,243,945	0	4,689,883	0	75.01
76.00 CARDIAC CATHETERIZATION	2,228,664	37,260,190	0	6,088,174	11,358	76.00
76.97 CARDIAC REHABILITATION	198,773	69,030	0	271,715	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description	EMPLOYEE BENEFITS (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	4.00	5.01	5A.06	5.06	7.00	
90.00 CLINIC	0	0	0	0	0	90.00
90.01 SLEEP CLINIC	370,838	6,225,847	0	620,144	0	90.01
91.00 EMERGENCY	3,367,937	54,152,779	0	6,784,708	21,938	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	578,989	4,974,407	0	830,008	0	92.01
93.00 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01 HORIZON CANCER CENTER	659,795	3,821,353	0	1,108,779	0	93.01
93.02 ARNETT CANCER CARE CENTER	1,391,922	6,233,425	0	1,230,396	0	93.02
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	72,714,696	669,416,412	-30,526,497	176,600,514	273,167	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,968	0	0	301,247	2,172	190.00
191.00 RESEARCH	254,925	0	0	336,264	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	60,867,871	0	0	105,700,170	647	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	268,594	0	0	1,170,502	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)	32,843,989	6,777,827		30,526,497	17,327,535	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.244874	0.010125		0.107447	62.784109	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	666,543		751,373	8,229,344	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000996		0.002645	29.817976	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description	OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
	7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 CAP REL COSTS INTEREST EXPENSE						1.02
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
2.01 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
7.01 OPERATION OF PLANT - NONHOSPITAL	446,089					7.01
8.00 LAUNDRY & LINEN SERVICE	0	38,951				8.00
9.00 HOUSEKEEPING	504	0	271,398			9.00
10.00 DIETARY	0	0	3,072	38,951		10.00
11.00 CAFETERIA	0	0	8,364	0	90,702	11.00
13.00 NURSING ADMINISTRATION	288	0	9,430	0	4,095	13.00
14.00 CENTRAL SERVICES & SUPPLY	383	0	16,601	0	2,575	14.00
15.00 PHARMACY	178	0	4,516	0	3,417	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 SOCIAL SERVICE	0	0	371	0	313	17.00
18.00 PATIENT TRANSPORT SERVICES	0	0	1,504	0	1,491	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	31,858	100,201	31,858	29,460	30.00
31.00 INTENSIVE CARE UNIT	0	2,871	11,251	2,871	3,562	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	2,207	10,133	2,207	2,491	35.00
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	2,015	5,268	2,015	1,339	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	1,743	0	30,880	0	4,483	50.00
51.00 RECOVERY ROOM	0	0	4,117	0	668	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	629	0	2,450	53.00
53.01 ASC ANESTHESIOLOGY	461	0	0	0	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	0	11,385	0	3,086	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	1,802	0	388	56.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	9,415	0	5,619	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	617	0	100	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	1,028	0	2,632	65.00
66.00 PHYSICAL THERAPY	0	0	1,478	0	910	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	1,643	0	1,695	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	131	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	382	73.00
74.00 RENAL DIALYSIS	0	0	1,578	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 ASC (NON-DISTINCT PART)	34,023	0	0	0	3,744	75.01
76.00 CARDIAC CATHETERIZATION	0	0	11,358	0	3,403	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	303	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description	OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
	7.01	8.00	9.00	10.00	11.00	
90.00 CLINIC	0	0	0	0	0	90.00
90.01 SLEEP CLINIC	0	0	0	0	848	90.01
91.00 EMERGENCY	0	0	21,938	0	5,793	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	986	92.01
93.00 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01 HORIZON CANCER CENTER	0	0	0	0	1,947	93.01
93.02 ARNETT CANCER CARE CENTER	9,765	0	0	0	1,383	93.02
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	47,345	38,951	268,579	38,951	89,694	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,172	0	74	190.00
191.00 RESEARCH	0	0	0	0	439	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	398,744	0	647	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	0	0	0	0	495	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)	5,597,508	676,637	3,196,568	1,326,206	2,478,491	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.547962	17.371492	11.778156	34.048060	27.325649	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	61,947	1,616	499,273	331,788	900,643	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.138867	0.041488	1.839634	8.518087	9.929693	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	ADMITTING						5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT - NONHOSPITAL						7.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION	42,958					13.00
14.00	CENTRAL SERVICES & SUPPLY	0	25,379,388				14.00
15.00	PHARMACY	0	322,449	16,134,249			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	669,416,412		16.00
17.00	SOCIAL SERVICE	313	0	0	0	38,951	17.00
18.00	PATIENT TRANSPORT SERVICES	0	230	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	29,460	2,457,307	0	72,250,844	31,858	30.00
31.00	INTENSIVE CARE UNIT	3,562	499,864	0	8,715,237	2,871	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	2,491	168,576	0	5,780,632	2,207	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,339	31,607	0	1,743,167	2,015	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	9,410,801	1,126	64,069,320	0	50.00
51.00	RECOVERY ROOM	0	14,242	0	5,987,089	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	486,431	3,872	3,080,229	0	53.00
53.01	ASC ANESTHESIOLOGY	0	119,558	0	1,569,299	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0	287,835	31	46,304,416	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	11,767	13,968	9,554,377	0	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	2,135,809	0	88,810,267	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	117,218	0	5,468,941	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	223,769	0	9,449,044	0	65.00
66.00	PHYSICAL THERAPY	0	2,671	0	4,188,430	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	19,151	0	19,777,830	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	3,054	0	688,182	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,143,830	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	42,271,446	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	21,505	16,039,289	96,260,947	0	73.00
74.00	RENAL DIALYSIS	0	9,015	721	1,321,909	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	ASC (NON-DISTINCT PART)	0	2,749,133	0	58,243,945	0	75.01
76.00	CARDIAC CATHETERIZATION	0	3,533,615	15,719	37,260,190	0	76.00
76.97	CARDIAC REHABILITATION	0	5,733	298	69,030	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
	(FTES)					
	13.00	14.00	15.00	16.00	17.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 SLEEP CLINIC	0	36,109	17	6,225,847	0	90.01
91.00 EMERGENCY	5,793	526,218	640	54,152,779	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	44,075	0	4,974,407	0	92.01
93.00 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01 HORIZON CANCER CENTER	0	181,488	0	3,821,353	0	93.01
93.02 ARNETT CANCER CARE CENTER	0	69,636	58,568	6,233,425	0	93.02
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	42,958	23,488,866	16,134,249	669,416,412	38,951	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	32	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	1,890,137	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	0	353	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)	7,592,433	4,497,194	21,578,829	1,222,031	355,521	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	176.740840	0.177199	1.337455	0.001826	9.127391	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,072,517	1,818,959	594,544	2,919	51,306	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	24.966642	0.071671	0.036850	0.000004	1.317193	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
	PATIENT TRANSPORT SERVICES (PATIENT DAYS)			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	18.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 CAP REL COSTS INTEREST EXPENSE						1.02
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
2.01 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
7.01 OPERATION OF PLANT - NONHOSPITAL						7.01
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
18.00 PATIENT TRANSPORT SERVICES	38,951					18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 NURSING SCHOOL	0		0			20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0			0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	31,858		0	0	0	30.00
31.00 INTENSIVE CARE UNIT	2,871		0	0	0	31.00
32.00 CORONARY CARE UNIT	0		0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
35.00 NEONATAL INTENSIVE CARE UNIT	2,207		0	0	0	35.00
40.00 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00 SUBPROVIDER	0		0	0	0	42.00
43.00 NURSERY	2,015		0	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	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01 ASC ANESTHESIOLOGY	0	0	0	0	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.01
76.00 CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS			
	PATIENT TRANSPORT SERVICES (PATIENT DAYS)			18.00	19.00		20.00
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0 88.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0 89.00	
90.00 CLINIC	0	0	0	0	0	0 90.00	
90.01 SLEEP CLINIC	0	0	0	0	0	0 90.01	
91.00 EMERGENCY	0	0	0	0	0	0 91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0 92.00	
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0 92.01	
93.00 OTHER OUTPATIENT SERVICES	0	0	0	0	0	0 93.00	
93.01 HORIZON CANCER CENTER	0	0	0	0	0	0 93.01	
93.02 ARNETT CANCER CARE CENTER	0	0	0	0	0	0 93.02	
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0 94.00	
95.00 AMBULANCE SERVICES	0	0	0	0	0	0 95.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0 96.00	
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0 97.00	
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0 98.00	
99.00 CMHC	0	0	0	0	0	0 99.00	
99.10 CORF	0	0	0	0	0	0 99.10	
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0 100.00	
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0 101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0 105.00	
106.00 HEART ACQUISITION	0	0	0	0	0	0 106.00	
107.00 LIVER ACQUISITION	0	0	0	0	0	0 107.00	
108.00 LUNG ACQUISITION	0	0	0	0	0	0 108.00	
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00	
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00	
111.00 ISLET ACQUISITION	0	0	0	0	0	0 111.00	
113.00 INTEREST EXPENSE						113.00	
114.00 UTILIZATION REVIEW-SNF						114.00	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0 115.00	
116.00 HOSPICE	0	0	0	0	0	0 116.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	38,951	0	0	0	0	0 118.00	
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00	
191.00 RESEARCH	0	0	0	0	0	0 191.00	
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00	
193.00 NONPAID WORKERS	0	0	0	0	0	0 193.00	
194.00 MARKETING/PUBLIC RELATIONS	0	0	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)	1,109,728	0	0	0	0	0 202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	28.490360	0.000000	0.000000	0.000000	0.000000	0.000000 203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)	178,261	0	0	0	0	0 204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)	4.576545	0.000000	0.000000	0.000000	0.000000	0.000000 205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP		1.01
1.02	CAP REL COSTS INTEREST EXPENSE		1.02
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP		2.01
4.00	EMPLOYEE BENEFITS		4.00
5.01	ADMITTING		5.01
5.06	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	OPERATION OF PLANT		7.00
7.01	OPERATION OF PLANT - NONHOSPITAL		7.01
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
18.00	PATIENT TRANSPORT SERVICES		18.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED PRGM-(SPECIFY)	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	0	30.00
31.00	INTENSIVE CARE UNIT	0	31.00
32.00	CORONARY CARE UNIT	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	35.00
40.00	SUBPROVIDER - I PF	0	40.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	0	43.00
44.00	SKILLED NURSING FACILITY	0	44.00
45.00	NURSING FACILITY	0	45.00
46.00	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	50.00
51.00	RECOVERY ROOM	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	ANESTHESIOLOGY	0	53.00
53.01	ASC ANESTHESIOLOGY	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	RADIOISOTOPE	0	56.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	INTRAVENOUS THERAPY	0	64.00
65.00	RESPIRATORY THERAPY	0	65.00
66.00	PHYSICAL THERAPY	0	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	RENAL DIALYSIS	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
75.01	ASC (NON-DISTINCT PART)	0	75.01
76.00	CARDIAC CATHETERIZATION	0	76.00
76.97	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
90.00	CLINIC	0	90.00
90.01	SLEEP CLINIC	0	90.01
91.00	EMERGENCY	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	92.01
93.00	OTHER OUTPATIENT SERVICES	0	93.00
93.01	HORIZON CANCER CENTER	0	93.01
93.02	ARNETT CANCER CARE CENTER	0	93.02
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0	94.00
95.00	AMBULANCE SERVICES	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	CMHC	0	99.00
99.10	CORF	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	0	105.00
106.00	HEART ACQUISITION	0	106.00
107.00	LIVER ACQUISITION	0	107.00
108.00	LUNG ACQUISITION	0	108.00
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	NONPAID WORKERS	0	193.00
194.00	MARKETING/PUBLIC RELATIONS	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	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 8:09 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		49,420,396	0	49,420,396	30.00
31.00	INTENSIVE CARE UNIT		6,452,029	0	6,452,029	31.00
32.00	CORONARY CARE UNIT		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT		4,557,748	0	4,557,748	35.00
40.00	SUBPROVIDER - IPF		0	0	0	40.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		2,465,325	0	2,465,325	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		13,231,706	0	13,231,706	50.00
51.00	RECOVERY ROOM		1,466,654	0	1,466,654	51.00
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	ANESTHESIOLOGY		1,878,527	0	1,878,527	53.00
53.01	ASC ANESTHESIOLOGY		106,883	0	106,883	53.01
54.00	RADIOLOGY-DIAGNOSTIC		5,702,857	0	5,702,857	54.00
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	RADIOISOTOPE		1,283,313	0	1,283,313	56.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		11,320,930	0	11,320,930	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.		1,955,701	0	1,955,701	63.00
64.00	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	2,629,314	0	2,629,314	65.00
66.00	PHYSICAL THERAPY	0	1,325,571	0	1,325,571	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY		1,889,607	0	1,889,607	69.00
70.00	ELECTROENCEPHALOGRAPHY		110,882	0	110,882	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,205,179	0	3,205,179	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		9,063,974	0	9,063,974	72.00
73.00	DRUGS CHARGED TO PATIENTS		41,037,599	0	41,037,599	73.00
74.00	RENAL DIALYSIS		710,110	0	710,110	74.00
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	ASC (NON-DISTINCT PART)		6,316,520	0	6,316,520	75.01
76.00	CARDIAC CATHETERIZATION		8,397,410	0	8,397,410	76.00
76.97	CARDIAC REHABILITATION		310,731	0	310,731	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		0	0	0	90.00
90.01	SLEEP CLINIC		727,738	0	727,738	90.01
91.00	EMERGENCY		10,524,593	31,503	10,556,096	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		3,871,736	0	3,871,736	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)		963,026	0	963,026	92.01
93.00	OTHER OUTPATIENT SERVICES		0	0	0	93.00
93.01	HORIZON CANCER CENTER		1,320,254	0	1,320,254	93.01
93.02	ARNETT CANCER CARE CENTER		1,624,973	0	1,624,973	93.02
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	AMBULANCE SERVICES		0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
99.00	CMHC		0	0	0	99.00
99.10	CORF		0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION		0	0	0	105.00
106.00	HEART ACQUISITION		0	0	0	106.00
107.00	LIVER ACQUISITION		0	0	0	107.00
108.00	LUNG ACQUISITION		0	0	0	108.00
109.00	PANCREAS ACQUISITION		0	0	0	109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150173

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2012 8:09 pm

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	
110.00	0		0		0	110.00
111.00	0		0		0	111.00
113.00						113.00
114.00						114.00
115.00	0		0		0	115.00
116.00	0		0		0	116.00
200.00	193,871,286	0	193,871,286	31,503	193,902,789	200.00
201.00	3,871,736		3,871,736		3,871,736	201.00
202.00	189,999,550	0	189,999,550	31,503	190,031,053	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/30/2012 8:09 pm	
		Title XVIIII		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	72,250,844		72,250,844			30.00
31.00	INTENSIVE CARE UNIT	8,715,237		8,715,237			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	NEONATAL INTENSIVE CARE UNIT	5,780,632		5,780,632			35.00
40.00	SUBPROVIDER - IPF	0		0			40.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	1,743,167		1,743,167			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	30,352,427	33,716,893	64,069,320	0.206522	0.000000	50.00
51.00	RECOVERY ROOM	2,255,287	3,731,803	5,987,090	0.244969	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	1,625,685	1,454,544	3,080,229	0.609866	0.000000	53.00
53.01	ASC ANESTHESIOLOGY	6,998	1,562,302	1,569,300	0.068109	0.000000	53.01
54.00	RADIOLOGY-DIAGNOSTIC	18,389,935	27,914,481	46,304,416	0.123160	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	1,529,524	8,024,853	9,554,377	0.134317	0.000000	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	35,194,138	53,616,129	88,810,267	0.127473	0.000000	60.00
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	0	0	0	0.000000	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	4,316,027	1,152,914	5,468,941	0.357601	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	8,561,617	887,427	9,449,044	0.278262	0.000000	65.00
66.00	PHYSICAL THERAPY	3,973,808	214,622	4,188,430	0.316484	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	ELECTROCARDIOLOGY	14,064,853	5,712,977	19,777,830	0.095542	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	603,819	84,362	688,181	0.161123	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,983,272	6,160,558	11,143,830	0.287619	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	24,273,587	17,997,859	42,271,446	0.214423	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	37,755,633	58,505,315	96,260,948	0.426316	0.000000	73.00
74.00	RENAL DIALYSIS	1,284,352	37,558	1,321,910	0.537185	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	ASC (NON-DISTINCT PART)	152,089	58,091,856	58,243,945	0.108449	0.000000	75.01
76.00	CARDIAC CATHETERIZATION	16,552,598	20,707,592	37,260,190	0.225372	0.000000	76.00
76.97	CARDIAC REHABILITATION	44,434	24,596	69,030	4.501391	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	SLEEP CLINIC	8,885	6,216,963	6,225,848	0.116890	0.000000	90.01
91.00	EMERGENCY	13,711,026	40,441,753	54,152,779	0.194350	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	929,741	4,044,666	4,974,407	0.193596	0.000000	92.01
93.00	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000	93.00
93.01	HORIZON CANCER CENTER	22,251	3,799,102	3,821,353	0.345494	0.000000	93.01
93.02	ARNETT CANCER CARE CENTER	75,084	6,158,341	6,233,425	0.260687	0.000000	93.02
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150173

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
111.00 ISLET ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	309,156,950	360,259,466	669,416,416			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	309,156,950	360,259,466	669,416,416			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 8:09 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	SUBPROVIDER - I PF			40.00
41.00	SUBPROVIDER - I RF			41.00
42.00	SUBPROVIDER			42.00
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	0.206522		50.00
51.00	RECOVERY ROOM	0.244969		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.609866		53.00
53.01	ASC ANESTHESIOLOGY	0.068109		53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.123160		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.134317		56.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.127473		60.00
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.	0.357601		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.278262		65.00
66.00	PHYSICAL THERAPY	0.316484		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.095542		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.161123		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.287619		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.214423		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.426316		73.00
74.00	RENAL DIALYSIS	0.537185		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	ASC (NON-DISTINCT PART)	0.108449		75.01
76.00	CARDIAC CATHETERIZATION	0.225372		76.00
76.97	CARDIAC REHABILITATION	4.501391		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
90.01	SLEEP CLINIC	0.116890		90.01
91.00	EMERGENCY	0.194932		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.193596		92.01
93.00	OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	HORIZON CANCER CENTER	0.345494		93.01
93.02	ARNETT CANCER CARE CENTER	0.260687		93.02
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 8:09 pm
		Title XVIII	Hospital	PPS
Cost Center Description	PPS Inpatient Ratio			
114.00 UTILIZATION REVIEW-SNF	11.00			
115.00 AMBULATORY SURGICAL CENTER (D.P.)				
116.00 HOSPICE				
200.00 Subtotal (see instructions)				
201.00 Less Observation Beds				
202.00 Total (see instructions)				
				114.00
				115.00
				116.00
				200.00
				201.00
				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 8:09 pm	
		Title XIX	Hospital		
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		49,420,396	0	0
31.00	INTENSIVE CARE UNIT		6,452,029	0	0
32.00	CORONARY CARE UNIT		0	0	0
33.00	BURN INTENSIVE CARE UNIT		0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0
35.00	NEONATAL INTENSIVE CARE UNIT		4,557,748	0	0
40.00	SUBPROVIDER - IPF		0	0	0
41.00	SUBPROVIDER - IRF		0	0	0
42.00	SUBPROVIDER		0	0	0
43.00	NURSERY		2,465,325	0	0
44.00	SKILLED NURSING FACILITY		0	0	0
45.00	NURSING FACILITY		0	0	0
46.00	OTHER LONG TERM CARE		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM		13,231,706	0	0
51.00	RECOVERY ROOM		1,466,654	0	0
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0
53.00	ANESTHESIOLOGY		1,878,527	0	0
53.01	ASC ANESTHESIOLOGY		106,883	0	0
54.00	RADIOLOGY-DIAGNOSTIC		5,702,857	0	0
55.00	RADIOLOGY-THERAPEUTIC		0	0	0
56.00	RADIOISOTOPE		1,283,313	0	0
59.00	CARDIAC CATHETERIZATION		0	0	0
60.00	LABORATORY		11,320,930	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.		1,955,701	0	0
64.00	INTRAVENOUS THERAPY		0	0	0
65.00	RESPIRATORY THERAPY	0	2,629,314	0	0
66.00	PHYSICAL THERAPY	0	1,325,571	0	0
67.00	OCCUPATIONAL THERAPY	0	0	0	0
68.00	SPEECH PATHOLOGY	0	0	0	0
69.00	ELECTROCARDIOLOGY		1,889,607	0	0
70.00	ELECTROENCEPHALOGRAPHY		110,882	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,205,179	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS		9,063,974	0	0
73.00	DRUGS CHARGED TO PATIENTS		41,037,599	0	0
74.00	RENAL DIALYSIS		710,110	0	0
75.00	ASC (NON-DISTINCT PART)		0	0	0
75.01	ASC (NON-DISTINCT PART)		6,316,520	0	0
76.00	CARDIAC CATHETERIZATION		8,397,410	0	0
76.97	CARDIAC REHABILITATION		310,731	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC		0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	CLINIC		0	0	0
90.01	SLEEP CLINIC		727,738	0	0
91.00	EMERGENCY		10,524,593	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		3,871,736	0	0
92.01	OBSERVATION BEDS (DISTINCT PART)		963,026	0	0
93.00	OTHER OUTPATIENT SERVICES		0	0	0
93.01	HORIZON CANCER CENTER		1,320,254	0	0
93.02	ARNETT CANCER CARE CENTER		1,624,973	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		0	0	0
95.00	AMBULANCE SERVICES		0	0	0
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0
99.00	CMHC		0	0	0
99.10	CORF		0	0	0
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0
101.00	HOME HEALTH AGENCY		0	0	0
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION		0	0	0
106.00	HEART ACQUISITION		0	0	0
107.00	LIVER ACQUISITION		0	0	0
108.00	LUNG ACQUISITION		0	0	0
109.00	PANCREAS ACQUISITION		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150173

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

Worksheet C
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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
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
200.00	Subtotal (see instructions)	193,871,286	0	193,871,286	0	0	200.00
201.00	Less Observation Beds	3,871,736		3,871,736			201.00
202.00	Total (see instructions)	189,999,550	0	189,999,550	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 8:09 pm	
			Title XIX	Hospital		
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	72,250,844		72,250,844		30.00
31.00	INTENSIVE CARE UNIT	8,715,237		8,715,237		31.00
32.00	CORONARY CARE UNIT	0		0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT	5,780,632		5,780,632		35.00
40.00	SUBPROVIDER - I PF	0		0		40.00
41.00	SUBPROVIDER - I RF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	1,743,167		1,743,167		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	30,352,427	33,716,893	64,069,320	0.206522	50.00
51.00	RECOVERY ROOM	2,255,287	3,731,803	5,987,090	0.244969	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	1,625,685	1,454,544	3,080,229	0.609866	53.00
53.01	ASC ANESTHESIOLOGY	6,998	1,562,302	1,569,300	0.068109	53.01
54.00	RADIOLOGY-DIAGNOSTIC	18,389,935	27,914,481	46,304,416	0.123160	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	RADIOISOTOPE	1,529,524	8,024,853	9,554,377	0.134317	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	35,194,138	53,616,129	88,810,267	0.127473	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	4,316,027	1,152,914	5,468,941	0.357601	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	8,561,617	887,427	9,449,044	0.278262	65.00
66.00	PHYSICAL THERAPY	3,973,808	214,622	4,188,430	0.316484	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	ELECTROCARDIOLOGY	14,064,853	5,712,977	19,777,830	0.095542	69.00
70.00	ELECTROENCEPHALOGRAPHY	603,819	84,362	688,181	0.161123	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,983,272	6,160,558	11,143,830	0.287619	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	24,273,587	17,997,859	42,271,446	0.214423	72.00
73.00	DRUGS CHARGED TO PATIENTS	37,755,633	58,505,315	96,260,948	0.426316	73.00
74.00	RENAL DIALYSIS	1,284,352	37,558	1,321,910	0.537185	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	ASC (NON-DISTINCT PART)	152,089	58,091,856	58,243,945	0.108449	75.01
76.00	CARDIAC CATHETERIZATION	16,552,598	20,707,592	37,260,190	0.225372	76.00
76.97	CARDIAC REHABILITATION	44,434	24,596	69,030	4.501391	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	90.00
90.01	SLEEP CLINIC	8,885	6,216,963	6,225,848	0.116890	90.01
91.00	EMERGENCY	13,711,026	40,441,753	54,152,779	0.194350	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	929,741	4,044,666	4,974,407	0.193596	92.01
93.00	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
93.01	HORIZON CANCER CENTER	22,251	3,799,102	3,821,353	0.345494	93.01
93.02	ARNETT CANCER CARE CENTER	75,084	6,158,341	6,233,425	0.260687	93.02
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150173

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
111.00 ISLET ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	309,156,950	360,259,466	669,416,416			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	309,156,950	360,259,466	669,416,416			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 8:09 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	SUBPROVIDER - I PF			40.00
41.00	SUBPROVIDER - I RF			41.00
42.00	SUBPROVIDER			42.00
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
53.01	ASC ANESTHESIOLOGY	0.000000		53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	ASC (NON-DISTINCT PART)	0.000000		75.01
76.00	CARDIAC CATHETERIZATION	0.000000		76.00
76.97	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
90.01	SLEEP CLINIC	0.000000		90.01
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	HORIZON CANCER CENTER	0.000000		93.01
93.02	ARNETT CANCER CARE CENTER	0.000000		93.02
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 8:09 pm
		Title XIX	Hospital	
Cost Center Description		PPS Inpatient Ratio		
		11.00		
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: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/30/2012 8:09 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	12,551,218	0	12,551,218	34,566	363.11	30.00
31.00 INTENSIVE CARE UNIT	1,426,705		1,426,705	2,871	496.94	31.00
32.00 CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00 NEONATAL INTENSIVE CARE UNIT	1,229,752		1,229,752	2,207	557.21	35.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	648,178		648,178	2,015	321.68	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)	15,855,853		15,855,853	41,659		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/30/2012 8:09 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	16,813	6,104,968	30.00
31.00 INTENSIVE CARE UNIT	1,587	788,644	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0	35.00
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
200.00 Total (Lines 30-199)	18,400	6,893,612	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150173		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/30/2012 8:09 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	4,145,139	64,069,320	0.064698	14,074,994	910,624	50.00
51.00	RECOVERY ROOM	457,477	5,987,090	0.076411	974,130	74,434	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	133,796	3,080,229	0.043437	736,638	31,997	53.00
53.01	ASC ANESTHESIOLOGY	18,711	1,569,300	0.011923	2,467	29	53.01
54.00	RADIOLOGY-DIAGNOSTIC	1,328,561	46,304,416	0.028692	9,726,489	279,072	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	210,479	9,554,377	0.022030	922,935	20,332	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	1,330,213	88,810,267	0.014978	19,143,636	286,733	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	85,456	5,468,941	0.015626	2,193,557	34,277	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	167,563	9,449,044	0.017733	4,651,990	82,494	65.00
66.00	PHYSICAL THERAPY	174,610	4,188,430	0.041689	2,676,960	111,600	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	218,047	19,777,830	0.011025	8,588,659	94,690	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,460	688,181	0.003575	305,533	1,092	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,751	11,143,830	0.001683	2,638,089	4,440	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	63,735	42,271,446	0.001508	11,142,753	16,803	72.00
73.00	DRUGS CHARGED TO PATIENTS	739,011	96,260,948	0.007677	18,964,718	145,592	73.00
74.00	RENAL DIALYSIS	172,483	1,321,910	0.130480	905,338	118,129	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	ASC (NON-DISTINCT PART)	923,992	58,243,945	0.015864	72,963	1,157	75.01
76.00	CARDIAC CATHETERIZATION	1,558,015	37,260,190	0.041814	8,677,578	362,844	76.00
76.97	CARDIAC REHABILITATION	4,219	69,030	0.061118	23,216	1,419	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	SLEEP CLINIC	82,432	6,225,848	0.013240	7,259	96	90.01
91.00	EMERGENCY	2,662,676	54,152,779	0.049170	7,538,795	370,683	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	983,297	0	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	20,120	4,974,407	0.004045	449,262	1,817	92.01
93.00	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
93.01	HORIZON CANCER CENTER	86,954	3,821,353	0.022755	13,927	317	93.01
93.02	ARNETT CANCER CARE CENTER	208,067	6,233,425	0.033379	71,774	2,396	93.02
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	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	15,796,264	580,926,536		114,503,660	2,953,067	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150173		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 8:09 pm	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
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	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/30/2012 8:09 pm
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Cost Center Description	Title XVIII					PSA Adj . Nursing School	
	Total Patient Days	Per Diem (col . 5 ÷ col . 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col . 7 x col . 8)	Hospital		
	6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	34,566	0.00	16,813	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	2,871	0.00	1,587	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0.00	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	0	34.00
35.00 NEONATAL INTENSIVE CARE UNIT	2,207	0.00	0	0	0	0	35.00
40.00 SUBPROVIDER - IPF	0	0.00	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	0	42.00
43.00 NURSERY	2,015	0.00	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0.00	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0.00	0	0	0	0	45.00
200.00 Total (lines 30-199)	41,659		18,400	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/30/2012 8:09 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
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0		35.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
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: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 8:09 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	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
53.01 ASC ANESTHESIOLOGY	0	0	0	0	0	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.01
76.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
90.01 SLEEP CLINIC	0	0	0	0	0	0	90.01
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
93.00 OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	93.00
93.01 HORIZON CANCER CENTER	0	0	0	0	0	0	93.01
93.02 ARNETT CANCER CARE CENTER	0	0	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES							95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 8:09 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	64,069,320	0.000000	0.000000	14,074,994	50.00
51.00 RECOVERY ROOM	0	5,987,090	0.000000	0.000000	974,130	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	3,080,229	0.000000	0.000000	736,638	53.00
53.01 ASC ANESTHESIOLOGY	0	1,569,300	0.000000	0.000000	2,467	53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	46,304,416	0.000000	0.000000	9,726,489	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	9,554,377	0.000000	0.000000	922,935	56.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	88,810,267	0.000000	0.000000	19,143,636	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	5,468,941	0.000000	0.000000	2,193,557	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	9,449,044	0.000000	0.000000	4,651,990	65.00
66.00 PHYSICAL THERAPY	0	4,188,430	0.000000	0.000000	2,676,960	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	19,777,830	0.000000	0.000000	8,588,659	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	688,181	0.000000	0.000000	305,533	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,143,830	0.000000	0.000000	2,638,089	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	42,271,446	0.000000	0.000000	11,142,753	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	96,260,948	0.000000	0.000000	18,964,718	73.00
74.00 RENAL DIALYSIS	0	1,321,910	0.000000	0.000000	905,338	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01 ASC (NON-DISTINCT PART)	0	58,243,945	0.000000	0.000000	72,963	75.01
76.00 CARDIAC CATHETERIZATION	0	37,260,190	0.000000	0.000000	8,677,578	76.00
76.97 CARDIAC REHABILITATION	0	69,030	0.000000	0.000000	23,216	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 SLEEP CLINIC	0	6,225,848	0.000000	0.000000	7,259	90.01
91.00 EMERGENCY	0	54,152,779	0.000000	0.000000	7,538,795	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	4,974,407	0.000000	0.000000	449,262	92.01
93.00 OTHER OUTPATIENT SERVICES	0	0	0.000000	0.000000	0	93.00
93.01 HORIZON CANCER CENTER	0	3,821,353	0.000000	0.000000	13,927	93.01
93.02 ARNETT CANCER CARE CENTER	0	6,233,425	0.000000	0.000000	71,774	93.02
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	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (lines 50-199)	0	580,926,536			114,503,660	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 8:09 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	21.00	22.00	
50.00	OPERATING ROOM	0	10,512,341	0	0	0	50.00
51.00	RECOVERY ROOM	0	1,019,852	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	384,812	0	0	0	53.00
53.01	ASC ANESTHESIOLOGY	0	218,229	0	0	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0	6,792,559	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	3,001,533	0	0	0	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	2,220,022	0	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	329,756	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	284,951	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	8,382	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	3,297,447	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	17,011	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,813,012	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	7,675,280	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	22,715,155	0	0	0	73.00
74.00	RENAL DIALYSIS	0	17,977	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	ASC (NON-DISTINCT PART)	0	10,333,194	0	0	0	75.01
76.00	CARDIAC CATHETERIZATION	0	7,979,038	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	5,126	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	SLEEP CLINIC	0	1,560,530	0	0	0	90.01
91.00	EMERGENCY	0	7,683,510	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	1,290,983	0	0	0	92.01
93.00	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	HORIZON CANCER CENTER	0	1,543,699	0	0	0	93.01
93.02	ARNETT CANCER CARE CENTER	0	2,860,110	0	0	0	93.02
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
200.00	Total (lines 50-199)	0	93,564,509	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 8:09 pm
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Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Hospital	PPS
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
53.01 ASC ANESTHESIOLOGY	0	0		53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 RADIOISOTOPE	0	0		56.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 ASC (NON-DISTINCT PART)	0	0		75.01
76.00 CARDIAC CATHETERIZATION	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 CLINIC	0	0		90.00
90.01 SLEEP CLINIC	0	0		90.01
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 OTHER OUTPATIENT SERVICES	0	0		93.00
93.01 HORIZON CANCER CENTER	0	0		93.01
93.02 ARNETT CANCER CARE CENTER	0	0		93.02
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: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 8:09 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	0.206522	10,512,341	0	0		50.00
51.00 RECOVERY ROOM	0.244969	1,019,852	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00 ANESTHESIOLOGY	0.609866	384,812	0	0		53.00
53.01 ASC ANESTHESIOLOGY	0.068109	218,229	0	0		53.01
54.00 RADIOLOGY-DIAGNOSTIC	0.123160	6,792,559	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0		55.00
56.00 RADIOISOTOPE	0.134317	3,001,533	0	0		56.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00 LABORATORY	0.127473	2,220,022	0	0		60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.357601	329,756	0	0		63.00
64.00 INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0.278262	284,951	0	0		65.00
66.00 PHYSICAL THERAPY	0.316484	8,382	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.000000	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0.000000	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.095542	3,297,447	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.161123	17,011	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.287619	1,813,012	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.214423	7,675,280	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.426316	22,715,155	49,621	0		73.00
74.00 RENAL DIALYSIS	0.537185	17,977	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
75.01 ASC (NON-DISTINCT PART)	0.108449	10,333,194	0	0		75.01
76.00 CARDIAC CATHETERIZATION	0.225372	7,979,038	0	0		76.00
76.97 CARDIAC REHABILITATION	4.501391	5,126	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0.000000					88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00 CLINIC	0.000000	0	0	0		90.00
90.01 SLEEP CLINIC	0.116890	1,560,530	0	0		90.01
91.00 EMERGENCY	0.194350	7,683,510	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0.193596	1,290,983	0	0		92.01
93.00 OTHER OUTPATIENT SERVICES	0.000000	0	0	0		93.00
93.01 HORIZON CANCER CENTER	0.345494	1,543,699	0	0		93.01
93.02 ARNETT CANCER CARE CENTER	0.260687	2,860,110	0	0		93.02
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00 AMBULANCE SERVICES	0.000000		0			95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00 Subtotal (see instructions)		93,564,509	49,621	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)		93,564,509	49,621	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150173		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/30/2012 8:09 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	2,171,030	0	0			50.00
51.00	RECOVERY ROOM	249,832	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	ANESTHESIOLOGY	234,684	0	0			53.00
53.01	ASC ANESTHESIOLOGY	14,863	0	0			53.01
54.00	RADIOLOGY-DIAGNOSTIC	836,572	0	0			54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	RADIOISOTOPE	403,157	0	0			56.00
59.00	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	LABORATORY	282,993	0	0			60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	117,921	0	0			63.00
64.00	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	RESPIRATORY THERAPY	79,291	0	0			65.00
66.00	PHYSICAL THERAPY	2,653	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	315,045	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	2,741	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	521,457	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1,645,757	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	9,683,834	21,154	0			73.00
74.00	RENAL DIALYSIS	9,657	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0			75.00
75.01	ASC (NON-DISTINCT PART)	1,120,625	0	0			75.01
76.00	CARDIAC CATHETERIZATION	1,798,252	0	0			76.00
76.97	CARDIAC REHABILITATION	23,074	0	0			76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0			90.00
90.01	SLEEP CLINIC	182,410	0	0			90.01
91.00	EMERGENCY	1,493,290	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0			92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	249,929	0	0			92.01
93.00	OTHER OUTPATIENT SERVICES	0	0	0			93.00
93.01	HORIZON CANCER CENTER	533,339	0	0			93.01
93.02	ARNETT CANCER CARE CENTER	745,593	0	0			93.02
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	AMBULANCE SERVICES	0	0	0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
200.00	Subtotal (see instructions)	22,717,999	21,154	0			200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0			201.00
202.00	Net Charges (line 200 +/- line 201)	22,717,999	21,154	0			202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 8:09 pm		
		Title XIX		Hospital		
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	0.206522	0	1,193,370	0	50.00
51.00	RECOVERY ROOM	0.244969	0	138,130	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.609866	0	57,667	0	53.00
53.01	ASC ANESTHESIOLOGY	0.068109	0	41,085	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.123160	0	1,325,345	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	RADIOISOTOPE	0.134317	0	201,552	0	56.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.127473	0	1,640,056	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	BLOOD STORAGE, PROCESSING & TRANS.	0.357601	0	178,869	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.278262	0	55,169	0	65.00
66.00	PHYSICAL THERAPY	0.316484	0	10,018	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.095542	0	202,261	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.161123	0	4,617	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.287619	0	180,333	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.214423	0	894,850	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.426316	0	3,040,529	0	73.00
74.00	RENAL DIALYSIS	0.537185	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	ASC (NON-DISTINCT PART)	0.108449	0	1,106,356	0	75.01
76.00	CARDIAC CATHETERIZATION	0.225372	0	935,607	0	76.00
76.97	CARDIAC REHABILITATION	4.501391	0	754	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
90.01	SLEEP CLINIC	0.116890	0	143,250	0	90.01
91.00	EMERGENCY	0.194350	0	2,353,928	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.193596	0	257,812	0	92.01
93.00	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	93.00
93.01	HORIZON CANCER CENTER	0.345494	0	279,571	0	93.01
93.02	ARNETT CANCER CARE CENTER	0.260687	0	288,128	0	93.02
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	AMBULANCE SERVICES	0.000000	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		0	14,529,257	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	14,529,257	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 8:09 pm
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Cost Center Description	Costs			Hospital	
	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	246,457	0		50.00
51.00 RECOVERY ROOM	0	33,838	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	35,169	0		53.00
53.01 ASC ANESTHESIOLOGY	0	2,798	0		53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	163,229	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	27,072	0		56.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	209,063	0		60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	63,964	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	15,351	0		65.00
66.00 PHYSICAL THERAPY	0	3,171	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	19,324	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	744	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,867	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	191,876	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,296,226	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 ASC (NON-DISTINCT PART)	0	119,983	0		75.01
76.00 CARDIAC CATHETERIZATION	0	210,860	0		76.00
76.97 CARDIAC REHABILITATION	0	3,394	0		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.01 SLEEP CLINIC	0	16,744	0		90.01
91.00 EMERGENCY	0	457,486	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	49,911	0		92.01
93.00 OTHER OUTPATIENT SERVICES	0	0	0		93.00
93.01 HORIZON CANCER CENTER	0	96,590	0		93.01
93.02 ARNETT CANCER CARE CENTER	0	75,111	0		93.02
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	0	3,390,228	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	3,390,228	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2012 8:09 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)		34,566	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,566	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)		34,566	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		16,813	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)		49,420,396	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)		49,420,396	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		73,994,011	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		73,994,011	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.667897	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,140.66	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)		49,420,396	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)		1,429.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		24,038,219	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)		24,038,219	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/30/2012 8:09 pm	
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	6,452,029	2,871	2,247.31	1,587	3,566,481	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00 NEONATAL INTENSIVE CARE UNIT	4,557,748	2,207	2,065.13	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					26,521,258	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					54,125,958	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)					6,893,612	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,953,067	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					9,846,679	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					44,279,279	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)					2,708	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,429.74	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,871,736	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 8:09 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	12,551,218	49,420,396	0.253968	3,871,736	983,297	90.00
91.00	Nursing School cost	0	49,420,396	0.000000	3,871,736	0	91.00
92.00	Allied health cost	0	49,420,396	0.000000	3,871,736	0	92.00
93.00	All other Medical Education	0	49,420,396	0.000000	3,871,736	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2012 8:09 pm
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)		34,566	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,566	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)		34,566	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)		1,371	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)		2,015	15.00
16.00	Nursery days (title V or XIX only)		173	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)		49,420,396	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)		49,420,396	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		73,994,011	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		73,994,011	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.667897	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,140.66	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)		49,420,396	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)		1,429.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,960,174	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)		1,960,174	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/30/2012 8:09 pm			
Cost Center Description			Title XIX		Hospital			
	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)	2,465,325	2,015	1,223.49	173	211,664	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	6,452,029	2,871	2,247.31	144	323,613	43.00	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	4,557,748	2,207	2,065.13	261	538,999	47.00	
Cost Center Description								
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1.00	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,034,450	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)						3,034,450	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)						2,708	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,429.74	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						3,871,736	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 8:09 pm	
		Title XIX		Hospital			
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	49,420,396	0.000000	3,871,736	0	90.00
91.00	Nursing School cost	0	49,420,396	0.000000	3,871,736	0	91.00
92.00	Allied health cost	0	49,420,396	0.000000	3,871,736	0	92.00
93.00	All other Medical Education	0	49,420,396	0.000000	3,871,736	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title VIII	Hospital	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		33,387,446		30.00
31.00	INTENSIVE CARE UNIT		4,922,404		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.206522	14,074,994	2,906,796	50.00
51.00	RECOVERY ROOM	0.244969	974,130	238,632	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.609866	736,638	449,250	53.00
53.01	ASC ANESTHESIOLOGY	0.068109	2,467	168	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.123160	9,726,489	1,197,914	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.134317	922,935	123,966	56.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.127473	19,143,636	2,440,297	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.357601	2,193,557	784,418	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.278262	4,651,990	1,294,472	65.00
66.00	PHYSICAL THERAPY	0.316484	2,676,960	847,215	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.095542	8,588,659	820,578	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.161123	305,533	49,228	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.287619	2,638,089	758,765	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.214423	11,142,753	2,389,263	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.426316	18,964,718	8,084,963	73.00
74.00	RENAL DIALYSIS	0.537185	905,338	486,334	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	ASC (NON-DISTINCT PART)	0.108449	72,963	7,913	75.01
76.00	CARDIAC CATHETERIZATION	0.225372	8,677,578	1,955,683	76.00
76.97	CARDIAC REHABILITATION	4.501391	23,216	104,504	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	SLEEP CLINIC	0.116890	7,259	849	90.01
91.00	EMERGENCY	0.194932	7,538,795	1,469,552	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.193596	449,262	86,975	92.01
93.00	OTHER OUTPATIENT SERVICES	0.000000	0	0	93.00
93.01	HORIZON CANCER CENTER	0.345494	13,927	4,812	93.01
93.02	ARNETT CANCER CARE CENTER	0.260687	71,774	18,711	93.02
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		114,503,660	26,521,258	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)		114,503,660		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 8:09 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		3,350,438		30.00
31.00	INTENSIVE CARE UNIT		463,087		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT		722,013		35.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		156,565		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000	1,151,947	0	50.00
51.00	RECOVERY ROOM	0.000000	105,153	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	63,098	0	53.00
53.01	ASC ANESTHESIOLOGY	0.000000	0	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	835,269	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	42,714	0	56.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.000000	1,737,162	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	187,110	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	574,250	0	65.00
66.00	PHYSICAL THERAPY	0.000000	131,802	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	473,337	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	51,509	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	164,426	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	689,370	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	2,009,675	0	73.00
74.00	RENAL DIALYSIS	0.000000	48,567	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	ASC (NON-DISTINCT PART)	0.000000	0	0	75.01
76.00	CARDIAC CATHETERIZATION	0.000000	452,863	0	76.00
76.97	CARDIAC REHABILITATION	0.000000	151	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	SLEEP CLINIC	0.000000	0	0	90.01
91.00	EMERGENCY	0.000000	528,962	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.000000	58,476	0	92.01
93.00	OTHER OUTPATIENT SERVICES	0.000000	0	0	93.00
93.01	HORIZON CANCER CENTER	0.000000	0	0	93.01
93.02	ARNETT CANCER CARE CENTER	0.000000	3,310	0	93.02
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		9,309,151	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		9,309,151	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 8:09 pm
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		29,483,694	1.00
2.00	Outlier payments for discharges. (see instructions)		4,077,244	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)		133.58	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		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)		2.86	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		15.01	31.00
32.00	Sum of lines 30 and 31		17.87	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.49	33.00
34.00	Disproportionate share adjustment (see instructions)		1,323,818	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		34,884,756	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)		34,884,756	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,251,088	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		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 8:09 pm
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			39,135,844 59.00
60.00	Primary payer payments			8,868 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			39,126,976 61.00
62.00	Deductibles billed to program beneficiaries			2,867,603 62.00
63.00	Coinsurance billed to program beneficiaries			95,088 63.00
64.00	Allowable bad debts (see instructions)			380,751 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			266,526 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			359,317 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			36,430,811 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)			36,430,811 71.00
72.00	Interim payments			35,433,242 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)			997,569 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			3,196,033 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: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 8:09 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			21,154 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			22,717,999 2.00
3.00	PPS payments			18,841,238 3.00
4.00	Outlier payment (see instructions)			388,989 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)			21,154 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			49,621 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)			49,621 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)			49,621 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			28,467 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)			21,154 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)			19,230,227 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)			3,835,048 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)			15,416,333 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)			15,416,333 30.00
31.00	Primary payer payments			296 31.00
32.00	Subtotal (line 30 minus line 31)			15,416,037 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)			437,298 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			306,109 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			421,106 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			15,722,146 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)			15,722,146 40.00
41.00	Interim payments			15,404,303 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)			317,843 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: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 8:09 pm
		Title XVIII	Hospital
			PPS Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00 Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150173

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2012 8:09 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		35,093,198		15,404,303	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	09/20/2011	340,044		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)		340,044		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)		35,433,242		15,404,303	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		997,569		317,843	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		36,430,811		15,722,146	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/30/2012 8:09 pm
		Title XVIII	Hospital	PPS
				1.00
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			9,432 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			18,400 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			0 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			36,936 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			669,416,416 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			27,824,077 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,900,551 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial /interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			1,900,551 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

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

Provider CCN: 150173

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

Worksheet G
Date/Time Prepared:
5/30/2012 8:09 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	14,675,000	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	36,391,000	0	0	0	4.00
5.00	Other receivable	2,298,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,004,000	0	0	0	7.00
8.00	Prepaid expenses	2,098,000	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)	58,466,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	400,000	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	177,337,000	0	0	0	15.00
16.00	Accumulated depreciation	-17,517,000	0	0	0	16.00
17.00	Leasehold improvements	1,107,000	0	0	0	17.00
18.00	Accumulated depreciation	-85,000	0	0	0	18.00
19.00	Fixed equipment	2,778,000	0	0	0	19.00
20.00	Accumulated depreciation	-1,099,000	0	0	0	20.00
21.00	Automobiles and trucks	76,000	0	0	0	21.00
22.00	Accumulated depreciation	-55,000	0	0	0	22.00
23.00	Major movable equipment	56,936,000	0	0	0	23.00
24.00	Accumulated depreciation	-30,001,000	0	0	0	24.00
25.00	Minor equipment depreciable	1,575,000	0	0	0	25.00
26.00	Accumulated depreciation	-54,000	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)	191,398,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,357,000	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	7,863,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,220,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	259,084,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,975,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	15,021,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	34,156,000	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	7,278,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	70,430,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	246,950,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,282,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	248,232,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	318,662,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-59,578,000				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)	-59,578,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	259,084,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150173

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

Worksheet G-1

Date/Time Prepared:
5/30/2012 8:09 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		22,115,333	
2.00	Net income (loss) (From Wkst. G-3, line 29)		-22,115,333			2.00
3.00	Total (sum of line 1 and line 2)		0		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		0		0	11.00
12.00	Deductions (debit adjustments) (specify)	59,578,000		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		59,578,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-59,578,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150173

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

Worksheet G-1

Date/Time Prepared:
5/30/2012 8:09 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150173

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

Worksheet G-2 Parts

Date/Time Prepared:
5/30/2012 8:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	73,994,011		73,994,011	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	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)	73,994,011		73,994,011	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,715,237		8,715,237	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	5,780,632		5,780,632	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,495,869		14,495,869	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	88,489,880		88,489,880	17.00
18.00	Ancillary services	205,920,083	299,598,641	505,518,724	18.00
19.00	Outpatient services	14,695,855	60,711,957	75,407,812	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	HOSPITAL - OTHER	147,361	427,212	574,573	27.00
27.01	PHYSICIAN	0	255,248,591	255,248,591	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	309,253,179	615,986,401	925,239,580	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		319,166,913		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	UNDERSTATEMENT OF FUND BALANCE	8,000			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)		8,000		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		319,158,913		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150173

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

Worksheet G-3

Date/Time Prepared:
5/30/2012 8:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	925,239,580	1.00
2.00	Less contractual allowances and discounts on patients' accounts	634,547,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	290,692,580	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	319,158,913	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-28,466,333	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	1,059,000	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.)	5,000	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	121,000	20.00
21.00	Rental of vending machines	15,000	21.00
22.00	Rental of hospital space	9,000	22.00
23.00	Governmental appropriations	34,000	23.00
24.00	CLINICAL RESEARCH	188,000	24.00
24.01	PHYSICIAN SUPPORT	71,000	24.01
24.02	MEDICAL STAFF DUES	30,000	24.02
24.03	OTHER OPERATING	1,350,000	24.03
24.04	GAIN/LOSS ON ASSETS	155,000	24.04
24.05	EHRC INCENTIVE	2,462,000	24.05
24.06	SHARED EMPLOYEES	58,000	24.06
24.07	WORKERS' COMPENSATION	100,000	24.07
24.08	NET INCOME FROM RELATED OPERATIONS	694,000	24.08
25.00	Total other income (sum of lines 6-24)	6,351,000	25.00
26.00	Total (line 5 plus line 25)	-22,115,333	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)	-22,115,333	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150173	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/30/2012 8:09 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,380,783	1.00
2.00	Capital DRG outlier payments		1,782,692	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		101.19	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)		2.86	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		15.01	8.00
9.00	Sum of lines 7 and 8		17.87	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.68	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		87,613	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		4,251,088	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