

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: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 6/22/2012 1:57 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input 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: 5:03 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 INDIANA UNIVERSITY HEALTH BEDFORD 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	239,337	1,739,966	0	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	77,331	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	316,668	1,739,966	0	0	200.00

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

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

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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 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:
 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.

Date: 5/30/2012 Time: 5:03 pm

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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Encryption Information
 ECR: Date: 5/30/2012 Time: 5:03 pm
 Mchv2rBef7N.10A: dfcWR4zNBKi cAO
 okXPZ08KXzVvGQVakQXhl yk6Wj gnT:
 9Jvr0i M7Ki 0.71bh
 PI: Date: 5/30/2012 Time: 5:03 pm
 WzdLr5X0D0qH7I JD: Ni FPUzJh2mgD1
 zEI AxOf. Vel 4pEI MQ. asp7qARPWNA6
 L1Ts3RCxxkOKLD9.

(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	239,337	1,739,966	0	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	77,331	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	316,668	1,739,966	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151328		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 6/22/2012 1:57 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2900 WEST SIXTEENTH STREET			PO Box:		1.00					
2.00	City: BEDFORD		State: IN		Zip Code: 47421-		County: LAWRENCE 2.00				
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		INDIANA UNIVERSITY HEALTH BEDFORD	151328	99915	1	10/01/2005	N	O	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		IU HEALTH BEDFORD - SWING BED	15Z328	99915		10/01/2005	N	O	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
10.01	ICF/MR							N		N	10.01
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA							N	N	N	12.00
13.00	Separately Certified ASC							N	N	N	13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1							N	N	N	17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2011	12/31/2011		20.00		
21.00	Type of Control (see instructions)					2		21.00			
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					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 unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this 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 paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible days in col. 2, out-of-state Medicaid eligible days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	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.					2		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.					2		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: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 6/22/2012 1:57 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	N	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.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		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 in column 1. 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 151328

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

Worksheet S-2
Part I
Date/Time Prepared:
6/22/2012 1:57 pm

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

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	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 reporting period 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
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	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)			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)(ii)? 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)?	Y			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
			Physical	Occupational	
			1.00	2.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	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.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 6/22/2012 1:57 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	0	0	0	118.01
		1.00	2.00		
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
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
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: CLARIAN HEALTH PARTNERS	Contractor's Name: NATIONAL GOVERNMENT SERVICES, INC		Contractor's Number: F0130	
142.00	Street: 340 WEST 10TH STREET	PO Box:	8115 KNUE		142.00
143.00	City: INDIANAPOLIS	State:	IN 46250		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, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N	145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			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	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	Y	Y	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151328		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 6/22/2012 1:57 pm		
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
159.00	SNF	Y	N	N	N		159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00	
161.00	CMHC		N	N	N		161.00	
161.10	CORF		N	N	N		161.10	
						1.00		
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					N	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 6/22/2012 1:57 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.	N		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.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		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: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 6/22/2012 1:57 pm
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		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00	3.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.				41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 151328

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

Worksheet S-2
Part II
Date/Time Prepared:
6/22/2012 1:57 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 151328

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

Worksheet S-3
Part I
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours		
	Line Number		Avai lable			
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	20	7,300	136,830.00		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)		20	7,300	136,830.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	5	1,825	2,099.00		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 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		25	9,125	138,929.00		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
20.01 ICF/MR	45.01	0	0	0.00		20.01
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)		25				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: 151328

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

Worksheet S-3
Part I
Date/Time Prepared:
6/22/2012 1:57 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	2,907	416	4,825		1.00
2.00 HMO		260	0			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	501	14	515		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		115	115		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	3,408	545	5,455		7.00
8.00 INTENSIVE CARE UNIT	0	253	40	383		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 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	0		13.00
14.00 Total (see instructions)	0	3,661	585	5,838		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
20.01 ICF/MR	0	0	0	0		20.01
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.)						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		0	811		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		1,094				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 151328

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

Worksheet S-3
Part I
Date/Time Prepared:
6/22/2012 1:57 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	782	1.00
2.00 HMO					50	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	430.15	0.00	0	782	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
20.01 ICF/MR	0.00	0.00	0.00	0	0	20.01
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	430.15	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: 151328

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

Worksheet S-3
Part I
Date/Time Prepared:
6/22/2012 1:57 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)	438	1,385		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	438	1,385		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
20.01 ICF/MR	0	0		20.01
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 UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 6/22/2012 1:57 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)		0.311488	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,173,555	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		16,925,000	6.00	
7.00	Medicaid cost (line 1 times line 6)		5,271,934	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)		3,098,379	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)		3,098,379	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	7,146,601	18,526,415	25,673,016	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,226,080	5,770,756	7,996,836	21.00
22.00	Partial payment by patients approved for charity care	37,386	6,469,750	6,507,136	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,188,694	-698,994	1,489,700	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)			7,662,762	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,359,508	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			6,303,254	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			1,963,388	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			3,453,088	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			6,551,467	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151328

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

Worksheet A
Date/Time Prepared:
6/22/2012 1:57 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 NEW CAP REL COSTS-BLDG & FIXT		2,093,748	2,093,748	0	2,093,748	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	525,243	4,858,784	5,384,027	1,470,081	6,854,108	4.00
5.00 ADMINISTRATIVE & GENERAL	2,904,725	3,002,727	5,907,452	2,037,534	7,944,986	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	400,149	924,159	1,324,308	-48,563	1,275,745	7.00
8.00 LAUNDRY & LINEN SERVICE	0	128,702	128,702	-2,173	126,529	8.00
9.00 HOUSEKEEPING	416,817	178,452	595,269	-90,825	504,444	9.00
10.00 DIETARY	413,139	281,881	695,020	-428,755	266,265	10.00
11.00 CAFETERIA	0	0	0	416,211	416,211	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,079,718	102,692	1,182,410	529	1,182,939	13.00
14.00 CENTRAL SERVICES & SUPPLY	93,144	1,273,762	1,366,906	181,666	1,548,572	14.00
15.00 PHARMACY	111,016	3,263,709	3,374,725	-2,273,939	1,100,786	15.00
16.00 MEDICAL RECORDS & LIBRARY	704,678	190,027	894,705	-102	894,603	16.00
17.00 SOCIAL SERVICE	0	0	0	43,422	43,422	17.00
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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,188,589	159,695	2,348,284	-97,781	2,250,503	30.00
31.00 INTENSIVE CARE UNIT	953,531	167,917	1,121,448	-32,645	1,088,803	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
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	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
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,435,483	523,027	1,958,510	-248,235	1,710,275	50.00
51.00 RECOVERY ROOM	65,380	0	65,380	34,475	99,855	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,378,723	2,157,602	3,536,325	-91,358	3,444,967	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	95,350	148,451	243,801	-84,143	159,658	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,346,228	1,746,059	3,092,287	-1,182,870	1,909,417	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	766,121	38,179	804,300	-19,840	784,460	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	1,188,216	297,864	1,486,080	-88,353	1,397,727	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,390,793	1,390,793	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	592,412	592,412	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	2,191,465	2,191,465	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	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	535,640	82,637	618,277	-38,538	579,739	90.00
90.01 CLINIC - DIABETES	53,352	7,667	61,019	0	61,019	90.01
91.00 EMERGENCY	1,086,453	496,630	1,583,083	-55,781	1,527,302	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151328

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

Worksheet A
Date/Time Prepared:
6/22/2012 1:57 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	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	865,266	156,040	1,021,306	-26,369	994,937	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
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
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE		553,178	553,178	-553,178	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)	18,606,961	22,833,589	41,440,550	2,995,140	44,435,690	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,101	1,058	10,159	-1,058	9,101	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	6,402,967	2,253,023	8,655,990	-2,952,685	5,703,305	192.00
192.01 VACANT SPACE	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	60,169	163,858	224,027	-41,397	182,630	194.00
194.01 CLARIAN HOME CARE	0	0	0	0	0	194.01
194.02 CLARIAN RESP CARE	0	0	0	0	0	194.02
200.00 TOTAL (SUM OF LINES 118-199)	25,079,198	25,251,528	50,330,726	0	50,330,726	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151328

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

Worksheet A
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	181,523	2,275,271	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	147,700	147,700	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-66,053	6,788,055	4.00
5.00	ADMINISTRATIVE & GENERAL	1,537,129	9,482,115	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	150,527	1,426,272	7.00
8.00	LAUNDRY & LINEN SERVICE	0	126,529	8.00
9.00	HOUSEKEEPING	57,244	561,688	9.00
10.00	DIETARY	0	266,265	10.00
11.00	CAFETERIA	-72,188	344,023	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	0	1,182,939	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,548,572	14.00
15.00	PHARMACY	0	1,100,786	15.00
16.00	MEDICAL RECORDS & LIBRARY	-694	893,909	16.00
17.00	SOCIAL SERVICE	0	43,422	17.00
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	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-11,090	2,239,413	30.00
31.00	INTENSIVE CARE UNIT	0	1,088,803	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
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
45.01	ICF/MR	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-827,735	882,540	50.00
51.00	RECOVERY ROOM	0	99,855	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-482,043	2,962,924	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	159,658	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	1,909,417	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	784,460	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	-3,600	1,394,127	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,390,793	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	592,412	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,191,465	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	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	-230,904	348,835	90.00
90.01	CLINIC - DIABETES	0	61,019	90.01
91.00	EMERGENCY	-300,208	1,227,094	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151328

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

Worksheet A
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	-800	994,137	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
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
112.00	OTHER ORGAN ACQUISITION	0	0	112.00
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)	78,808	44,514,498	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,101	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	5,703,305	192.00
192.01	VACANT SPACE	0	0	192.01
193.00	NONPAID WORKERS	0	0	193.00
194.00	MARKETING/PUBLIC RELATIONS	3,481	186,111	194.00
194.01	CLARIAN HOME CARE	0	0	194.01
194.02	CLARIAN RESP CARE	0	0	194.02
200.00	TOTAL (SUM OF LINES 118-199)	82,289	50,413,015	200.00

RECLASSIFICATIONS

Provider CCN: 151328

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

Worksheet A-6

Date/Time Prepared:
6/22/2012 1:57 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - ALLOWABLE ADVERTISING						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	41,397	1.00	
	TOTALS		0	41,397		
B - INTEREST EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	553,178	1.00	
	TOTALS		0	553,178		
C - BILLABLE MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,390,793	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	
	TOTALS		0	1,390,793		
D - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	592,412	1.00	
	TOTALS		0	592,412		
E - NON-BILLABLE SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,381,089	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	529	2.00	
3.00	PHYSICAL THERAPY	66.00	0	97	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	
	TOTALS		0	1,381,715		
F - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,191,465	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	2,191,465		
G - CAFETERIA						
1.00	CAFETERIA	11.00	247,407	168,804	1.00	
	TOTALS		247,407	168,804		
H - RECOVERY ROOM						
1.00	RECOVERY ROOM	51.00	34,475	0	1.00	
	TOTALS		34,475	0		
I - SOCIAL SERVICES						
1.00	SOCIAL SERVICE	17.00	43,422	0	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		43,422	0		
J - BENEFITS						
1.00	EMPLOYEE BENEFITS	4.00	0	1,506,338	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	
	TOTALS		0	1,506,338		

RECLASSIFICATIONS

Provider CCN: 151328

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

Worksheet A-6

Date/Time Prepared:
6/22/2012 1:57 pm

		Increases			
		Cost Center	Line #	Salary	Other
		2.00	3.00	4.00	5.00
	K - BEDSIDE DIABETIC COUNSELING				
1.00	ADULTS & PEDIATRICS		30.00	3,249	0
	TOTALS			3,249	0
	S - PHYSICIAN OH DEPTS				
1.00	ADMINISTRATIVE & GENERAL		5.00	1,127,857	356,404
	TOTALS			1,127,857	356,404
500.00	Grand Total: Increases			1,456,410	8,182,506

RECLASSIFICATIONS

Provider CCN: 151328

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

Worksheet A-6
Date/Time Prepared:
6/22/2012 1:57 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - ALLOWABLE ADVERTISING							
1.00	MARKETING/PUBLIC RELATIONS	194.00	0	41,397	0		1.00
	TOTALS		0	41,397			
B - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	553,178	0		1.00
	TOTALS		0	553,178			
C - BILLABLE MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	9,198	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,684	15		2.00
3.00	DIETARY	10.00	0	805	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	607,011	0		4.00
5.00	PHARMACY	15.00	0	109,222	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	93,367	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	32,337	0		7.00
8.00	LABORATORY	60.00	0	27	0		8.00
9.00	OPERATING ROOM	50.00	0	208,820	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	91,229	0		10.00
11.00	RADIOISOTOPE	56.00	0	84,143	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	43,446	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	19,937	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	1,471	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	3,134	0		15.00
16.00	CLINIC	90.00	0	2,044	0		16.00
17.00	EMERGENCY	91.00	0	55,721	0		17.00
18.00	AMBULANCE SERVICES	95.00	0	26,197	0		18.00
	TOTALS		0	1,390,793			
D - IMPLANTABLE DEVICES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	592,412	0		1.00
	TOTALS		0	592,412			
E - NON-BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	19	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,151	0		2.00
3.00	OPERATION OF PLANT	7.00	0	48,563	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	2,173	0		4.00
5.00	HOUSEKEEPING	9.00	0	90,825	0		5.00
6.00	DIETARY	10.00	0	8,490	0		6.00
7.00	PHARMACY	15.00	0	56,627	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	102	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	121	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	308	0		10.00
11.00	OPERATING ROOM	50.00	0	4,940	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	129	0		12.00
13.00	LABORATORY	60.00	0	1,126,508	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	40,302	0		14.00
15.00	CLINIC	90.00	0	225	0		15.00
16.00	EMERGENCY	91.00	0	60	0		16.00
17.00	AMBULANCE SERVICES	95.00	0	172	0		17.00
	TOTALS		0	1,381,715			
F - DRUGS							
1.00	EMPLOYEE BENEFITS	4.00	0	27,040	0		1.00
2.00	PHARMACY	15.00	0	2,108,090	0		2.00
3.00	LABORATORY	60.00	0	56,335	0		3.00
	TOTALS		0	2,191,465			
G - CAFETERIA							
1.00	DIETARY	10.00	247,407	168,804	0		1.00
	TOTALS		247,407	168,804			
H - RECOVERY ROOM							
1.00	OPERATING ROOM	50.00	34,475	0	0		1.00
	TOTALS		34,475	0			
I - SOCIAL SERVICES							
1.00	ADMINISTRATIVE & GENERAL	5.00	35,880	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	7,542	0	0		2.00
	TOTALS		43,422	0			
J - BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	587	0		1.00
2.00	CLINIC	90.00	0	36,269	0		2.00
3.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,058	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,468,424	0		4.00
	TOTALS		0	1,506,338			
K - BEDSIDE DIABETIC COUNSELING							
1.00	DIETARY	10.00	3,249	0	0		1.00
	TOTALS		3,249	0			

RECLASSIFICATIONS

Provider CCN: 151328

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

Worksheet A-6

Date/Time Prepared:
6/22/2012 1:57 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
S - PHYSICIAN OH DEPTS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,127,857	356,404	0		1.00
	TOTALS		1,127,857	356,404			
500.00	Grand Total: Decreases		1,456,410	8,182,506			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151328

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
6/22/2012 1:57 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	912,711	0	0	0	0	1.00
2.00	Land Improvements	1,063,431	12,827	0	12,827	0	2.00
3.00	Buildings and Fixtures	15,369,576	0	0	0	3,058,477	3.00
4.00	Building Improvements	3,295,678	251,183	0	251,183	0	4.00
5.00	Fixed Equipment	2,180,223	3,116,309	0	3,116,309	0	5.00
6.00	Movable Equipment	16,551,933	1,860,030	0	1,860,030	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	39,373,552	5,240,349	0	5,240,349	3,058,477	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	39,373,552	5,240,349	0	5,240,349	3,058,477	10.00
SUMMARY OF CAPITAL							
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)		
	9.00	10.00	11.00	12.00	13.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,093,748	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,093,748	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	23,143,462	0	23,143,462	0.556930	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	18,411,963	0	18,411,963	0.443070	0	2.00
3.00	Total (sum of lines 1-2)	41,555,425	0	41,555,425	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151328

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
6/22/2012 1:57 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	912,711	0		1.00	
2.00	Land Improvements	1,076,258	0		2.00	
3.00	Buildings and Fixtures	12,311,099	0		3.00	
4.00	Building Improvements	3,546,861	0		4.00	
5.00	Fixed Equipment	5,296,532	0		5.00	
6.00	Movable Equipment	18,411,963	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	41,555,424	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	41,555,424	0		10.00	
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	2,093,748		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	2,093,748		3.00	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	2,275,271	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	147,700	0
3.00	Total (sum of lines 1-2)	0	0	0	2,422,971	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151328

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	2,275,271	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	147,700	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	2,422,971	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 151328

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

Worksheet A-8
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-11,327	ADMINISTRATIVE & GENERAL	5.00 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)	B	-73,721	OPERATION OF PLANT	7.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-38,846	ADMINISTRATIVE & GENERAL	5.00 7.00
8.00 Television and radio service (chapter 21)	A	-9,894	ADULTS & PEDIATRICS	30.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-1,613,586		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	2,798,324		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-78,751	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients		0		0.00 17.00
18.00 Sale of medical records and abstracts	B	-694	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines		0		0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			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				0.00 32.00
33.00 FOUNDATION - NEGATIVE ACCT BALANCE	A	3,481	MARKETING/PUBLIC RELATIONS	194.00 33.00
34.00 OCCUPATIONAL HEALTH REVENUE	B	-519,616	EMPLOYEE BENEFITS	4.00 34.00
35.00 PHYSICIAN RECRUITMENT	A	-103,303	EMPLOYEE BENEFITS	4.00 35.00
37.00 ECKARD MISC REVENUE	B	-93,125	CLINIC	90.00 37.00
38.00 DR DEWITTE OTHER REV	B	-7,560	CLINIC	90.00 38.00
39.00 E. GRANT MISC REVENUE	B	-129,781	CLINIC	90.00 39.00
40.00 COUNSELING MISC REV	B	-438	CLINIC	90.00 40.00
41.00 PATRONAGE DIVIDENDS	B	-390	ADMINISTRATIVE & GENERAL	5.00 41.00
42.00 INC FRM OPERATNG INV	B	-1,104	ADMINISTRATIVE & GENERAL	5.00 42.00
43.00 CASH OVER AND SHORT	B	-2,850	ADMINISTRATIVE & GENERAL	5.00 43.00
44.00 MISC REVENUE	B	-16,681	ADMINISTRATIVE & GENERAL	5.00 44.00
45.00 EMS MISC REVENUE	B	-800	AMBULANCE SERVICES	95.00 45.00
45.01 COMDATA REVENUE	B	-14,404	ADMINISTRATIVE & GENERAL	5.00 45.01
45.02 LOBBYING FEES	A	-3,667	ADMINISTRATIVE & GENERAL	5.00 45.02
45.03 HOUSEKEEPING - NEGATIVE BALANCE	A	2,218	HOUSEKEEPING	9.00 45.03
45.04 IUH HOME HEALTH EXPENSE	A	-1,196	ADULTS & PEDIATRICS	30.00 45.04
45.05		0		0.00 45.05
45.06		0		0.00 45.06
45.07		0		0.00 45.07
45.08		0		0.00 45.08

Provider CCN: 151328

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

Worksheet A-8

Date/Time Prepared:
 6/22/2012 1:57 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #		
			1.00	2.00		3.00
45.09		0			0.00	45.09
45.10		0			0.00	45.10
45.11		0			0.00	45.11
45.12		0			0.00	45.12
45.13		0			0.00	45.13
45.14		0			0.00	45.14
45.15		0			0.00	45.15
45.16		0			0.00	45.16
45.17		0			0.00	45.17
45.18		0			0.00	45.18
45.19		0			0.00	45.19
45.20		0			0.00	45.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	82,289				50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 151328

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

Worksheet A-8
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	9	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	FOUNDATION - NEGATIVE ACCT BALANCE	0	33.00
34.00	OCCUPATIONAL HEALTH REVENUE	0	34.00
35.00	PHYSICIAN RECRUITMENT	0	35.00
37.00	ECKARD MISC REVENUE	0	37.00
38.00	DR DEWITTE OTHER REV	0	38.00
39.00	E. GRANT MISC REVENUE	0	39.00
40.00	COUNSELING MISC REV	0	40.00
41.00	PATRONAGE DIVIDENDS	0	41.00
42.00	INC FRM OPERATNG INV	0	42.00
43.00	CASH OVER AND SHORT	0	43.00
44.00	MISC REVENUE	0	44.00
45.00	EMS MISC REVENUE	0	45.00
45.01	COMDATA REVENUE	0	45.01
45.02	LOBBYING FEES	0	45.02
45.03	HOUSEKEEPING - NEGATIVE BALANCE	0	45.03
45.04	IUH HOME HEALTH EXPENSE	0	45.04
45.05		0	45.05
45.06		0	45.06
45.07		0	45.07
45.08		0	45.08
45.09		0	45.09
45.10		0	45.10
45.11		0	45.11
45.12		0	45.12
45.13		0	45.13
45.14		0	45.14
45.15		0	45.15
45.16		0	45.16

ADJUSTMENTS TO EXPENSES

Provider CCN: 151328

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

Worksheet A-8

Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.17		0	45.17
45.18		0	45.18
45.19		0	45.19
45.20		0	45.20
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: 151328

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

Worksheet A-8-1

Date/Time Prepared:
6/22/2012 1:57 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 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00		2.00 NEW CAP REL COSTS-MVBLE EQUIP		2.00
3.00		4.00 EMPLOYEE BENEFITS		3.00
4.00		5.00 ADMINISTRATIVE & GENERAL		4.00
4.01		7.00 OPERATION OF PLANT		4.01
4.02		9.00 HOUSEKEEPING		4.02
4.03		11.00 CAFETERIA		4.03
4.04		30.00 ADULTS & PEDIATRICS		4.04
4.05		76.97 CARDIAC REHABILITATION/RESP THERAPY		4.05
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	0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 151328

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

Worksheet A-8-1

Date/Time Prepared: 6/22/2012 1:57 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	5.00	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	181,523	0	181,523	9	1.00	
2.00	147,700	0	147,700	9	2.00	
3.00	561,201	4,335	556,866	0	3.00	
4.00	2,036,090	409,692	1,626,398	0	4.00	
4.01	224,248	0	224,248	0	4.01	
4.02	55,026	0	55,026	0	4.02	
4.03	6,563	0	6,563	0	4.03	
4.04	8,270	8,270	0	0	4.04	
4.05	10,684	10,684	0	0	4.05	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	3,231,305	432,981	2,798,324	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, INC.	0.00	HOME OFFICE	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: 151328

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

Worksheet A-8-2

Date/Time Prepared:
6/22/2012 1:57 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	91.00	EMERGENCY	365,308	300,208	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	482,043	482,043	2.00
3.00	69.00	ELECTROCARDIOLOGY	3,600	3,600	3.00
4.00	50.00	OPERATING ROOM	827,735	827,735	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
200.00			1,678,686	1,613,586	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 151328

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

Worksheet A-8-2

Date/Time Prepared:
6/22/2012 1:57 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	65,100	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	65,100		0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 151328

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

Worksheet A-8-2

Date/Time Prepared:
6/22/2012 1:57 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	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 151328

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

Worksheet A-8-2

Date/Time Prepared:
6/22/2012 1:57 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	300,208	1.00
2.00	0	482,043	2.00
3.00	0	3,600	3.00
4.00	0	827,735	4.00
5.00	0	0	5.00
6.00	0	0	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	0	1,613,586	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151328

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

Worksheet B
Part I
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	2,275,271	2,275,271				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	147,700		147,700			2.00
4.00 EMPLOYEE BENEFITS	6,788,055	17,505	1,136	6,806,696		4.00
5.00 ADMINISTRATIVE & GENERAL	9,482,115	222,671	14,455	1,097,035	10,816,276	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	1,426,272	247,404	16,060	109,835	1,799,571	7.00
8.00 LAUNDRY & LINEN SERVICE	126,529	0	0	0	126,529	8.00
9.00 HOUSEKEEPING	561,688	12,698	824	113,801	689,011	9.00
10.00 DIETARY	266,265	42,144	2,736	44,599	355,744	10.00
11.00 CAFETERIA	344,023	32,262	2,094	67,910	446,289	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,182,939	52,816	3,429	296,366	1,535,550	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,548,572	22,020	1,429	25,567	1,597,588	14.00
15.00 PHARMACY	1,100,786	23,766	1,543	30,472	1,156,567	15.00
16.00 MEDICAL RECORDS & LIBRARY	893,909	69,623	4,520	193,708	1,161,760	16.00
17.00 SOCIAL SERVICE	43,422	0	0	11,919	55,341	17.00
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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,239,413	142,795	9,270	601,826	2,993,304	30.00
31.00 INTENSIVE CARE UNIT	1,088,803	43,750	2,840	266,581	1,401,974	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
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	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
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	882,540	122,509	7,953	429,776	1,442,778	50.00
51.00 RECOVERY ROOM	99,855	51,234	3,326	27,409	181,824	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,962,924	186,452	12,104	392,328	3,553,808	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	159,658	0	0	26,172	185,830	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,909,417	64,723	4,202	374,350	2,352,692	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	784,460	48,091	3,122	210,289	1,045,962	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	1,394,127	92,376	5,997	326,147	1,818,647	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,390,793	0	0	0	1,390,793	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	592,412	0	0	0	592,412	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,191,465	0	0	0	2,191,465	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	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	348,835	32,379	2,102	148,824	532,140	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151328

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

Worksheet B
Part I
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
90.01 CLINIC - DIABETES	61,019	1,618	105	14,644	77,386	90.01
91.00 EMERGENCY	1,227,094	48,126	3,124	306,583	1,584,927	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	994,137	67,598	4,388	237,503	1,303,626	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
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
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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)	44,514,498	1,644,560	106,759	5,353,644	42,389,794	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,101	10,894	707	2,498	23,200	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	5,703,305	579,617	37,624	1,434,039	7,754,585	192.00
192.01 VACANT SPACE	0	38,419	2,494	0	40,913	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	186,111	1,781	116	16,515	204,523	194.00
194.01 CLARIAN HOME CARE	0	0	0	0	0	194.01
194.02 CLARIAN RESP CARE	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	50,413,015	2,275,271	147,700	6,806,696	50,413,015	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 151328		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 6/22/2012 1:57 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	10,816,276					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	491,573	0	2,291,144			7.00
8.00	LAUNDRY & LINEN SERVICE	34,563	0	0	161,092		8.00
9.00	HOUSEKEEPING	188,211	0	16,274	0	893,496	9.00
10.00	DIETARY	97,175	0	54,012	0	22,735	10.00
11.00	CAFETERIA	121,909	0	41,348	0	17,404	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	419,452	0	67,691	0	28,492	13.00
14.00	CENTRAL SERVICES & SUPPLY	436,399	0	28,222	0	11,879	14.00
15.00	PHARMACY	315,929	0	30,459	0	12,821	15.00
16.00	MEDICAL RECORDS & LIBRARY	317,348	0	89,230	0	37,558	16.00
17.00	SOCIAL SERVICE	15,117	0	0	0	0	17.00
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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	817,654	0	183,009	62,917	77,031	30.00
31.00	INTENSIVE CARE UNIT	382,965	0	56,071	15,812	23,601	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
40.00	SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - 1RF	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
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	394,111	0	157,010	7,043	66,088	50.00
51.00	RECOVERY ROOM	49,667	0	65,662	979	27,638	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	970,762	0	238,961	14,543	100,582	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	50,762	0	0	828	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	642,664	0	82,950	0	34,915	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	285,716	0	61,635	7,823	25,943	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	496,783	0	118,391	0	49,833	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	379,910	0	0	7,441	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	161,824	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	598,623	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	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	145,360	0	41,497	0	17,467	90.00
90.01	CLINIC - DIABETES	21,139	0	2,073	0	873	90.01
91.00	EMERGENCY	432,940	0	61,679	43,706	25,962	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151328

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

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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
95.00 AMBULANCE SERVICES	356,100	0	86,634	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
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
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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)	8,624,656	0	1,482,808	161,092	580,822	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,337	0	13,962	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	2,118,239	0	742,853	0	312,674	192.00
192.01 VACANT SPACE	11,176	0	49,239	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	55,868	0	2,282	0	0	194.00
194.01 CLARIAN HOME CARE	0	0	0	0	0	194.01
194.02 CLARIAN RESP CARE	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	10,816,276	0	2,291,144	161,092	893,496	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151328

Period:
From 01/01/2011
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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	529,666					10.00
11.00 CAFETERIA	0	626,950				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	28,490	0	2,079,675		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	6,515	0	0	2,080,603	14.00
15.00 PHARMACY	0	14,277	0	0	94,483	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	40,961	0	0	0	16.00
17.00 SOCIAL SERVICE	0	1,656	0	0	0	17.00
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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	494,480	82,008	0	903,343	202	30.00
31.00 INTENSIVE CARE UNIT	35,186	26,662	0	289,818	514	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
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
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	30,167	0	296,829	8,242	50.00
51.00 RECOVERY ROOM	0	3,591	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	47,562	0	107,513	215	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	2,666	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	48,078	0	0	1,879,604	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	26,039	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	42,918	0	0	67,245	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	29,336	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	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	13,546	0	147,246	375	90.00
90.01 CLINIC - DIABETES	0	1,656	0	0	0	90.01
91.00 EMERGENCY	0	30,812	0	334,926	100	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 01/01/2011
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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	45,648	0	0	287	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
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
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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)	529,666	493,252	0	2,079,675	2,080,603	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,269	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	129,870	0	0	0	192.00
192.01 VACANT SPACE	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	0	2,559	0	0	0	194.00
194.01 CLARIAN HOME CARE	0	0	0	0	0	194.01
194.02 CLARIAN RESP CARE	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	529,666	626,950	0	2,079,675	2,080,603	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151328

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	1,624,536					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,646,857				16.00
17.00	SOCIAL SERVICE	0	0	72,114			17.00
19.00	NONPHYSICIAN ANESTHETISTS	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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	70,367	60,205	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	23,475	11,909	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
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
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	143,037	0	0	0	50.00
51.00	RECOVERY ROOM	0	7,245	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	319,589	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	17,517	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	325,169	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	40,823	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	90,970	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	62,772	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	11,187	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,624,536	210,959	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	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	3,727	0	0	0	90.00
90.01	CLINIC - DIABETES	0	525	0	0	0	90.01
91.00	EMERGENCY	0	103,626	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151328

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

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	27,826	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
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
112.00	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,624,536	1,458,814	72,114	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	188,043	0	0	0	192.00
192.01	VACANT SPACE	0	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
194.01	CLARIAN HOME CARE	0	0	0	0	0	194.01
194.02	CLARIAN RESP CARE	0	0	0	0	0	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	TOTAL (sum lines 118-201)	1,624,536	1,646,857	72,114	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151328

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

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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 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
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	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	5,744,520	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	2,267,987	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
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
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	2,545,305	0	50.00
51.00 RECOVERY ROOM	0	0	0	336,606	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	5,353,535	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	257,603	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	5,366,072	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	1,493,941	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	2,684,787	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,840,916	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	794,759	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	4,625,583	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	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	901,358	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151328

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

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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	23.00				
90.01 CLINIC - DIABETES	0	0	0	0	103,652	0	90.01
91.00 EMERGENCY	0	0	0	0	2,618,678	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	1,820,121	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
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
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	0	112.00
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)	0	0	0	0	38,755,423	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	44,768	0	190.00
191.00 RESEARCH	0	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	11,246,264	0	192.00
192.01 VACANT SPACE	0	0	0	0	101,328	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	0	0	0	0	265,232	0	194.00
194.01 CLARIAN HOME CARE	0	0	0	0	0	0	194.01
194.02 CLARIAN RESP CARE	0	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	50,413,015	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151328

Period:
From 01/01/2011
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
12.00	MAINTENANCE OF PERSONNEL		12.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
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		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	5,744,520	30.00
31.00	INTENSIVE CARE UNIT	2,267,987	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
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
45.01	ICF/MR	0	45.01
46.00	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	2,545,305	50.00
51.00	RECOVERY ROOM	336,606	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,353,535	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	RADIOISOTOPE	257,603	56.00
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	5,366,072	60.00
60.01	BLOOD LABORATORY	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	INTRAVENOUS THERAPY	0	64.00
65.00	RESPIRATORY THERAPY	0	65.00
66.00	PHYSICAL THERAPY	1,493,941	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	2,684,787	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,840,916	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	794,759	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,625,583	73.00
74.00	RENAL DIALYSIS	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	0	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	901,358	90.00
90.01	CLINIC - DIABETES	103,652	90.01
91.00	EMERGENCY	2,618,678	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0	94.00
95.00	AMBULANCE SERVICES	1,820,121	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151328

Period:
From 01/01/2011
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Cost Center Description		Total	
		26.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	97.00
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
112.00	OTHER ORGAN ACQUISITION	0	112.00
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)	38,755,423	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	44,768	190.00
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	11,246,264	192.00
192.01	VACANT SPACE	101,328	192.01
193.00	NONPAID WORKERS	0	193.00
194.00	MARKETING/PUBLIC RELATIONS	265,232	194.00
194.01	CLARIAN HOME CARE	0	194.01
194.02	CLARIAN RESP CARE	0	194.02
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	50,413,015	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151328

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	17,505	1,136	18,641	18,641
5.00	ADMINISTRATIVE & GENERAL	0	222,671	14,455	237,126	3,006
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	0	247,404	16,060	263,464	301
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	HOUSEKEEPING	0	12,698	824	13,522	312
10.00	DIETARY	0	42,144	2,736	44,880	122
11.00	CAFETERIA	0	32,262	2,094	34,356	186
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	0	52,816	3,429	56,245	812
14.00	CENTRAL SERVICES & SUPPLY	0	22,020	1,429	23,449	70
15.00	PHARMACY	0	23,766	1,543	25,309	83
16.00	MEDICAL RECORDS & LIBRARY	0	69,623	4,520	74,143	531
17.00	SOCIAL SERVICE	0	0	0	0	33
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	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	142,795	9,270	152,065	1,649
31.00	INTENSIVE CARE UNIT	0	43,750	2,840	46,590	730
32.00	CORONARY CARE UNIT	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
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	0	0	0	0
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	NURSING FACILITY	0	0	0	0	0
45.01	ICF/MR	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	122,509	7,953	130,462	1,177
51.00	RECOVERY ROOM	0	51,234	3,326	54,560	75
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	ANESTHESIOLOGY	0	0	0	0	0
54.00	RADIOLOGY-DIAGNOSTIC	0	186,452	12,104	198,556	1,075
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	RADIOISOTOPE	0	0	0	0	72
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	0	64,723	4,202	68,925	1,026
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	0	0	0	0
66.00	PHYSICAL THERAPY	0	48,091	3,122	51,213	576
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	0	0	0	0
69.00	ELECTROCARDIOLOGY	0	92,376	5,997	98,373	894
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.97	CARDIAC REHABILITATION/RESP THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	0	32,379	2,102	34,481	408
90.01	CLINIC - DIABETES	0	1,618	105	1,723	40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151328

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
91.00 EMERGENCY	0	48,126	3,124	51,250	840	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	67,598	4,388	71,986	651	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
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
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	1,644,560	106,759	1,751,319	14,669	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,894	707	11,601	7	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	579,617	37,624	617,241	3,920	192.00
192.01 VACANT SPACE	0	38,419	2,494	40,913	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	0	1,781	116	1,897	45	194.00
194.01 CLARIAN HOME CARE	0	0	0	0	0	194.01
194.02 CLARIAN RESP CARE	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	2,275,271	147,700	2,422,971	18,641	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151328		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 6/22/2012 1:57 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	240,132					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	10,913	0	274,678			7.00
8.00	LAUNDRY & LINEN SERVICE	767	0	0	767		8.00
9.00	HOUSEKEEPING	4,178	0	1,951	0	19,963	9.00
10.00	DIETARY	2,157	0	6,475	0	508	10.00
11.00	CAFETERIA	2,706	0	4,957	0	389	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	9,312	0	8,115	0	637	13.00
14.00	CENTRAL SERVICES & SUPPLY	9,688	0	3,383	0	265	14.00
15.00	PHARMACY	7,013	0	3,652	0	286	15.00
16.00	MEDICAL RECORDS & LIBRARY	7,045	0	10,697	0	839	16.00
17.00	SOCIAL SERVICE	336	0	0	0	0	17.00
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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	18,151	0	21,940	300	1,721	30.00
31.00	INTENSIVE CARE UNIT	8,502	0	6,722	75	527	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
40.00	SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - 1RF	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
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	8,749	0	18,823	34	1,477	50.00
51.00	RECOVERY ROOM	1,103	0	7,872	5	618	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,550	0	28,648	69	2,247	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	1,127	0	0	4	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	14,267	0	9,945	0	780	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	6,343	0	7,389	37	580	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	11,028	0	14,194	0	1,113	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,434	0	0	35	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	3,592	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	13,289	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	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	3,227	0	4,975	0	390	90.00
90.01	CLINIC - DIABETES	469	0	249	0	19	90.01
91.00	EMERGENCY	9,611	0	7,395	208	580	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151328

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

Worksheet B
Part II
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
95.00 AMBULANCE SERVICES	7,905	0	10,386	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
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
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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)	191,462	0	177,768	767	12,976	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	141	0	1,674	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	47,041	0	89,059	0	6,987	192.00
192.01 VACANT SPACE	248	0	5,903	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	1,240	0	274	0	0	194.00
194.01 CLARIAN HOME CARE	0	0	0	0	0	194.01
194.02 CLARIAN RESP CARE	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	240,132	0	274,678	767	19,963	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151328			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 6/22/2012 1:57 pm	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY	54,142						10.00
11.00	CAFETERIA	0	42,594					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0				12.00
13.00	NURSING ADMINISTRATION	0	1,936	0	77,057			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	443	0	0	37,298		14.00
15.00	PHARMACY	0	970	0	0	1,694		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	2,783	0	0	0		16.00
17.00	SOCIAL SERVICE	0	112	0	0	0		17.00
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	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	50,545	5,571	0	33,471		4	30.00
31.00	INTENSIVE CARE UNIT	3,597	1,811	0	10,738		9	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
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
45.01	ICF/MR	0	0	0	0		0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0		0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	2,050	0	10,998		148	50.00
51.00	RECOVERY ROOM	0	244	0	0		0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0		0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0		0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,231	0	3,984		4	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		0	55.00
56.00	RADIOISOTOPE	0	181	0	0		0	56.00
57.00	CT SCAN	0	0	0	0		0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0		0	59.00
60.00	LABORATORY	0	3,266	0	0		33,694	60.00
60.01	BLOOD LABORATORY	0	0	0	0		0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0		0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0		0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0		0	65.00
66.00	PHYSICAL THERAPY	0	1,769	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	2,916	0	0		1,205	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0		0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		526	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0		0	73.00
74.00	RENAL DIALYSIS	0	0	0	0		0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0		0	75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	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	920	0	5,456		7	90.00
90.01	CLINIC - DIABETES	0	112	0	0		0	90.01
91.00	EMERGENCY	0	2,093	0	12,410		2	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151328

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

Worksheet B
Part II
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	3,101	0	0	5	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
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
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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)	54,142	33,509	0	77,057	37,298	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	86	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	8,825	0	0	0	192.00
192.01 VACANT SPACE	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	0	174	0	0	0	194.00
194.01 CLARIAN HOME CARE	0	0	0	0	0	194.01
194.02 CLARIAN RESP CARE	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	54,142	42,594	0	77,057	37,298	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151328		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 6/22/2012 1:57 pm	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	39,007					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	96,038				16.00
17.00	SOCIAL SERVICE	0	0	481			17.00
19.00	NONPHYSICIAN ANESTHETISTS	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		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	PARAMED PRGM	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	4,105	402			30.00
31.00	INTENSIVE CARE UNIT	0	1,370	79			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
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	0	0	0			43.00
44.00	SKILLED NURSING FACILITY	0	0	0			44.00
45.00	NURSING FACILITY	0	0	0			45.00
45.01	ICF/MR	0	0	0			45.01
46.00	OTHER LONG TERM CARE	0	0	0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	8,345	0			50.00
51.00	RECOVERY ROOM	0	423	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	ANESTHESIOLOGY	0	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	18,646	0			54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	RADIOISOTOPE	0	1,022	0			56.00
57.00	CT SCAN	0	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	LABORATORY	0	18,927	0			60.00
60.01	BLOOD LABORATORY	0	0	0			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
64.00	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	RESPIRATORY THERAPY	0	0	0			65.00
66.00	PHYSICAL THERAPY	0	2,382	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	5,307	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,662	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	653	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	39,007	12,308	0			73.00
74.00	RENAL DIALYSIS	0	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0			75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	0	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	217	0			90.00
90.01	CLINIC - DIABETES	0	31	0			90.01
91.00	EMERGENCY	0	6,046	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151328

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

Worksheet B
Part II
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	AMBULANCE SERVICES	0	1,623	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
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
112.00	OTHER ORGAN ACQUISITION	0	0	0			112.00
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)	39,007	85,067	481	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	10,971	0			192.00
192.01	VACANT SPACE	0	0	0			192.01
193.00	NONPAID WORKERS	0	0	0			193.00
194.00	MARKETING/PUBLIC RELATIONS	0	0	0			194.00
194.01	CLARIAN HOME CARE	0	0	0			194.01
194.02	CLARIAN RESP CARE	0	0	0			194.02
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)	39,007	96,038	481	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151328

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

Worksheet B
Part II
Date/Time Prepared:
6/22/2012 1:57 pm

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 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
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			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS				289,924	0	30.00
31.00 INTENSIVE CARE UNIT				80,750	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
40.00 SUBPROVIDER - I PF				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
45.01 ICF/MR				0	0	45.01
46.00 OTHER LONG TERM CARE				0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM				182,263	0	50.00
51.00 RECOVERY ROOM				64,900	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM				0	0	52.00
53.00 ANESTHESIOLOGY				0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC				278,010	0	54.00
55.00 RADIOLOGY-THERAPEUTIC				0	0	55.00
56.00 RADIOISOTOPE				2,406	0	56.00
57.00 CT SCAN				0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)				0	0	58.00
59.00 CARDIAC CATHETERIZATION				0	0	59.00
60.00 LABORATORY				150,830	0	60.00
60.01 BLOOD LABORATORY				0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY				0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS				0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.				0	0	63.00
64.00 INTRAVENOUS THERAPY				0	0	64.00
65.00 RESPIRATORY THERAPY				0	0	65.00
66.00 PHYSICAL THERAPY				70,289	0	66.00
67.00 OCCUPATIONAL THERAPY				0	0	67.00
68.00 SPEECH PATHOLOGY				0	0	68.00
69.00 ELECTROCARDIOLOGY				135,030	0	69.00
70.00 ELECTROENCEPHALOGRAPHY				0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS				12,131	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT				4,771	0	72.00
73.00 DRUGS CHARGED TO PATIENTS				64,604	0	73.00
74.00 RENAL DIALYSIS				0	0	74.00
75.00 ASC (NON-DISTINCT PART)				0	0	75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY				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				50,081	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151328

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

Worksheet B
Part II
Date/Time Prepared:
6/22/2012 1:57 pm

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	23.00				
90.01 CLINIC - DIABETES					2,643	0	90.01
91.00 EMERGENCY					90,435	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS					0	0	94.00
95.00 AMBULANCE SERVICES					95,657	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED					0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD					0	0	97.00
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
112.00 OTHER ORGAN ACQUISITION					0	0	112.00
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		1,574,724	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN					13,509	0	190.00
191.00 RESEARCH					0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES					784,044	0	192.00
192.01 VACANT SPACE					47,064	0	192.01
193.00 NONPAID WORKERS					0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS					3,630	0	194.00
194.01 CLARIAN HOME CARE					0	0	194.01
194.02 CLARIAN RESP CARE					0	0	194.02
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		2,422,971	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 6/22/2012 1:57 pm
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Cost Center Description	Total		
	26.00		
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.00 ADMINISTRATIVE & GENERAL			5.00
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
12.00 MAINTENANCE OF PERSONNEL			12.00
13.00 NURSING ADMINISTRATION			13.00
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
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			23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	289,924		30.00
31.00 INTENSIVE CARE UNIT	80,750		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
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
45.01 ICF/MR	0		45.01
46.00 OTHER LONG TERM CARE	0		46.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	182,263		50.00
51.00 RECOVERY ROOM	64,900		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0		52.00
53.00 ANESTHESIOLOGY	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	278,010		54.00
55.00 RADIOLOGY-THERAPEUTIC	0		55.00
56.00 RADIOISOTOPE	2,406		56.00
57.00 CT SCAN	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0		58.00
59.00 CARDIAC CATHETERIZATION	0		59.00
60.00 LABORATORY	150,830		60.00
60.01 BLOOD LABORATORY	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0		63.00
64.00 INTRAVENOUS THERAPY	0		64.00
65.00 RESPIRATORY THERAPY	0		65.00
66.00 PHYSICAL THERAPY	70,289		66.00
67.00 OCCUPATIONAL THERAPY	0		67.00
68.00 SPEECH PATHOLOGY	0		68.00
69.00 ELECTROCARDIOLOGY	135,030		69.00
70.00 ELECTROENCEPHALOGRAPHY	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,131		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	4,771		72.00
73.00 DRUGS CHARGED TO PATIENTS	64,604		73.00
74.00 RENAL DIALYSIS	0		74.00
75.00 ASC (NON-DISTINCT PART)	0		75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	0		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	50,081		90.00
90.01 CLINIC - DIABETES	2,643		90.01
91.00 EMERGENCY	90,435		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0		94.00
95.00 AMBULANCE SERVICES	95,657		95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151328

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

Worksheet B
Part II
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description		Total	
		26.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	97.00
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
112.00	OTHER ORGAN ACQUISITION	0	112.00
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)	1,574,724	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,509	190.00
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	784,044	192.00
192.01	VACANT SPACE	47,064	192.01
193.00	NONPAID WORKERS	0	193.00
194.00	MARKETING/PUBLIC RELATIONS	3,630	194.00
194.01	CLARIAN HOME CARE	0	194.01
194.02	CLARIAN RESP CARE	0	194.02
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	2,422,971	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151328

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

Worksheet B-1
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	195,492						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		195,492					2.00
4.00 EMPLOYEE BENEFITS	1,504	1,504	24,798,103				4.00
5.00 ADMINISTRATIVE & GENERAL	19,132	19,132	3,996,702	-10,816,276	39,596,739		5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0		6.00
7.00 OPERATION OF PLANT	21,257	21,257	400,149	0	1,799,571		7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	126,529		8.00
9.00 HOUSEKEEPING	1,091	1,091	414,600	0	689,011		9.00
10.00 DIETARY	3,621	3,621	162,483	0	355,744		10.00
11.00 CAFETERIA	2,772	2,772	247,407	0	446,289		11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0		12.00
13.00 NURSING ADMINISTRATION	4,538	4,538	1,079,718	0	1,535,550		13.00
14.00 CENTRAL SERVICES & SUPPLY	1,892	1,892	93,144	0	1,597,588		14.00
15.00 PHARMACY	2,042	2,042	111,016	0	1,156,567		15.00
16.00 MEDICAL RECORDS & LIBRARY	5,982	5,982	705,713	0	1,161,760		16.00
17.00 SOCIAL SERVICE	0	0	43,422	0	55,341		17.00
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	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	12,269	12,269	2,192,566	0	2,993,304		30.00
31.00 INTENSIVE CARE UNIT	3,759	3,759	971,205	0	1,401,974		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
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
45.01 ICF/MR	0	0	0	0	0		45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	10,526	10,526	1,565,753	0	1,442,778		50.00
51.00 RECOVERY ROOM	4,402	4,402	99,855	0	181,824		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	16,020	16,020	1,429,324	0	3,553,808		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	95,350	0	185,830		56.00
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 LABORATORY	5,561	5,561	1,363,828	0	2,352,692		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0		65.00
66.00 PHYSICAL THERAPY	4,132	4,132	766,121	0	1,045,962		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	7,937	7,937	1,188,216	0	1,818,647		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,390,793		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	592,412		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	2,191,465		73.00
74.00 RENAL DIALYSIS	0	0	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	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	2,782	2,782	542,195	0	532,140		90.00
90.01 CLINIC - DIABETES	139	139	53,352	0	77,386		90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151328

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

Worksheet B-1
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
91.00 EMERGENCY	4,135	4,135	1,116,938	0	1,584,927	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	5,808	5,808	865,266	0	1,303,626	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
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
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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)	141,301	141,301	19,504,323	-10,816,276	31,573,518	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	936	936	9,101	0	23,200	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	49,801	49,801	5,224,510	0	7,754,585	192.00
192.01 VACANT SPACE	3,301	3,301	0	0	40,913	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	153	153	60,169	0	204,523	194.00
194.01 CLARIAN HOME CARE	0	0	0	0	0	194.01
194.02 CLARIAN RESP CARE	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,275,271	147,700	6,806,696		10,816,276	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.638691	0.755530	0.274485		0.273161	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			18,641		240,132	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000752		0.006064	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151328

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

Worksheet B-1

Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS	0					6.00
7.00 OPERATION OF PLANT	0	153,599				7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	266,919			8.00
9.00 HOUSEKEEPING	0	1,091	0	142,310		9.00
10.00 DIETARY	0	3,621	0	3,621	31,115	10.00
11.00 CAFETERIA	0	2,772	0	2,772	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	0	4,538	0	4,538	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	1,892	0	1,892	0	14.00
15.00 PHARMACY	0	2,042	0	2,042	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	5,982	0	5,982	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	12,269	104,251	12,269	29,048	30.00
31.00 INTENSIVE CARE UNIT	0	3,759	26,199	3,759	2,067	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
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RP	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
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	10,526	11,669	10,526	0	50.00
51.00 RECOVERY ROOM	0	4,402	1,622	4,402	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	16,020	24,096	16,020	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	1,372	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	5,561	0	5,561	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	4,132	12,963	4,132	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	7,937	0	7,937	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	12,329	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	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	2,782	0	2,782	0	90.00
90.01 CLINIC - DIABETES	0	139	0	139	0	90.01
91.00 EMERGENCY	0	4,135	72,418	4,135	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151328

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

Worksheet B-1

Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	5,808	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
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
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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	99,408	266,919	92,509	31,115	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	936	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	49,801	0	49,801	0	192.00
192.01 VACANT SPACE	0	3,301	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	0	153	0	0	0	194.00
194.01 CLARIAN HOME CARE	0	0	0	0	0	194.01
194.02 CLARIAN RESP CARE	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	2,291,144	161,092	893,496	529,666	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	14.916399	0.603524	6.278519	17.022851	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	274,678	767	19,963	54,142	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	1.788280	0.002874	0.140278	1.740061	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151328

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

Worksheet B-1

Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description	CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	29,158					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	1,325	0	8,898			13.00
14.00 CENTRAL SERVICES & SUPPLY	303	0	0	1,246,974		14.00
15.00 PHARMACY	664	0	0	56,627	100	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,905	0	0	0	0	16.00
17.00 SOCIAL SERVICE	77	0	0	0	0	17.00
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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,814	0	3,865	121	0	30.00
31.00 INTENSIVE CARE UNIT	1,240	0	1,240	308	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
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
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,403	0	1,270	4,940	0	50.00
51.00 RECOVERY ROOM	167	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,212	0	460	129	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	124	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,236	0	0	1,126,508	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	1,211	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	1,996	0	0	40,302	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	17,582	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	100	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	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	630	0	630	225	0	90.00
90.01 CLINIC - DIABETES	77	0	0	0	0	90.01
91.00 EMERGENCY	1,433	0	1,433	60	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151328

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

Worksheet B-1

Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description	CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	2,123	0	0	172	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
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
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
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)	22,940	0	8,898	1,246,974	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	59	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	6,040	0	0	0	0	192.00
192.01 VACANT SPACE	0	0	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING/PUBLIC RELATIONS	119	0	0	0	0	194.00
194.01 CLARIAN HOME CARE	0	0	0	0	0	194.01
194.02 CLARIAN RESP CARE	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	626,950	0	2,079,675	2,080,603	1,624,536	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	21.501818	0.000000	233.723871	1.668522	16,245.360000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	42,594	0	77,057	37,298	39,007	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.460800	0.000000	8.660036	0.029911	390.070000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151328

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

Worksheet B-1

Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
	16.00	17.00	19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	143,194,443					16.00
17.00 SOCIAL SERVICE	0	109				17.00
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 ED PRGM	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,118,316	91		0		30.00
31.00 INTENSIVE CARE UNIT	2,041,091	18		0		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
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	0	0		0		43.00
44.00 SKILLED NURSING FACILITY	0	0		0		44.00
45.00 NURSING FACILITY	0	0		0		45.00
45.01 ICF/MR	0	0		0		45.01
46.00 OTHER LONG TERM CARE	0	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	12,436,891	0	0	0		50.00
51.00 RECOVERY ROOM	629,979	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
54.00 RADIOLOGY-DIAGNOSTIC	27,787,907	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00 RADIOISOTOPE	1,523,117	0	0	0		56.00
57.00 CT SCAN	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 LABORATORY	28,275,198	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0	0		65.00
66.00 PHYSICAL THERAPY	3,549,523	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	7,909,740	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,457,919	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	972,655	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	18,342,683	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	0	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 CLINIC	324,086	0	0	0		90.00
90.01 CLINIC - DIABETES	45,618	0	0	0		90.01
91.00 EMERGENCY	9,010,132	0	0	0		91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151328

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

Worksheet B-1

Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	2,419,437	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	CMHC	0	0	0	0	99.00
99.10	CORF	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0	0	112.00
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW-SNF					114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	126,844,292	109	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	16,350,151	0	0	0	192.00
192.01	VACANT SPACE	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	193.00
194.00	MARKETING/PUBLIC RELATIONS	0	0	0	0	194.00
194.01	CLARIAN HOME CARE	0	0	0	0	194.01
194.02	CLARIAN RESP CARE	0	0	0	0	194.02
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,646,857	72,114	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.011501	661.596330	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	96,038	481	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000671	4.412844	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151328

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
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			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	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
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	0	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
45.01 ICF/MR	0	0	0	0	45.01
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
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
57.00 CT SCAN	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	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 PATIENT	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	90.00
90.01 CLINIC - DIABETES	0	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151328

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

Worksheet B-1
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
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
112.00 OTHER ORGAN ACQUISITION	0	0	0		112.00
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)	0	0	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00 RESEARCH	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01 VACANT SPACE	0	0	0		192.01
193.00 NONPAID WORKERS	0	0	0		193.00
194.00 MARKETING/PUBLIC RELATIONS	0	0	0		194.00
194.01 CLARIAN HOME CARE	0	0	0		194.01
194.02 CLARIAN RESP CARE	0	0	0		194.02
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151328

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

Worksheet C
Part I
Date/Time Prepared:
6/22/2012 1:57 pm

		Title XVIII		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,744,520		5,744,520	0	0 30.00
31.00	INTENSIVE CARE UNIT	2,267,987		2,267,987	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
40.00	SUBPROVIDER - I PF	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	0		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
45.01	ICF/MR	0		0	0	0 45.01
46.00	OTHER LONG TERM CARE	0		0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,545,305		2,545,305	0	0 50.00
51.00	RECOVERY ROOM	336,606		336,606	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
54.00	RADIOLOGY-DIAGNOSTIC	5,353,535		5,353,535	0	0 54.00
55.00	RADIOLOGY-THERAPEUTIC	0		0	0	0 55.00
56.00	RADIOISOTOPE	257,603		257,603	0	0 56.00
57.00	CT SCAN	0		0	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0		0	0	0 59.00
60.00	LABORATORY	5,366,072		5,366,072	0	0 60.00
60.01	BLOOD LABORATORY	0		0	0	0 60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0 61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0 62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0 63.00
64.00	INTRAVENOUS THERAPY	0		0	0	0 64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	PHYSICAL THERAPY	1,493,941	0	1,493,941	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	2,684,787		2,684,787	0	0 69.00
70.00	ELECTROENCEPHALOGRAPHY	0		0	0	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,840,916		1,840,916	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	794,759		794,759	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	4,625,583		4,625,583	0	0 73.00
74.00	RENAL DIALYSIS	0		0	0	0 74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0 75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	0		0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0		0	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0 89.00
90.00	CLINIC	901,358		901,358	0	0 90.00
90.01	CLINIC - DIABETES	103,652		103,652	0	0 90.01
91.00	EMERGENCY	2,618,678		2,618,678	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	755,065		755,065	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0		0	0	0 94.00
95.00	AMBULANCE SERVICES	1,820,121		1,820,121	0	0 95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0 96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0 97.00
99.00	CMHC	0		0	0	0 99.00
99.10	CORF	0		0	0	0 99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0 100.00
101.00	HOME HEALTH AGENCY	0		0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0		0	0	0 105.00
106.00	HEART ACQUISITION	0		0	0	0 106.00
107.00	LIVER ACQUISITION	0		0	0	0 107.00
108.00	LUNG ACQUISITION	0		0	0	0 108.00
109.00	PANCREAS ACQUISITION	0		0	0	0 109.00
110.00	INTESTINAL ACQUISITION	0		0	0	0 110.00
111.00	ISLET ACQUISITION	0		0	0	0 111.00
112.00	OTHER ORGAN ACQUISITION	0		0	0	0 112.00
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW-SNF					114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 151328		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 6/22/2012 1:57 pm	
		Title XVIII		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00 HOSPICE	0		0				0
200.00 Subtotal (see instructions)	39,510,488	0	39,510,488	0			0
201.00 Less Observation Beds	755,065		755,065				0
202.00 Total (see instructions)	38,755,423	0	38,755,423	0			0

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/22/2012 1:57 pm	
			Title XVIII	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,055,994		5,055,994		30.00
31.00	INTENSIVE CARE UNIT	2,041,091		2,041,091		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
40.00	SUBPROVIDER - I PF	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
45.01	ICF/MR	0		0		45.01
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,879,698	9,557,193	12,436,891	0.204658	50.00
51.00	RECOVERY ROOM	166,815	463,164	629,979	0.534313	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,107,691	25,680,217	27,787,908	0.192657	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	RADIOISOTOPE	107,399	1,415,718	1,523,117	0.169129	56.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	3,496,117	24,779,081	28,275,198	0.189780	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0.000000	65.00
66.00	PHYSICAL THERAPY	380,825	3,168,698	3,549,523	0.420885	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	1,542,765	6,366,975	7,909,740	0.339428	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,908,348	3,549,570	5,457,918	0.337293	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	642,050	330,606	972,656	0.817102	72.00
73.00	DRUGS CHARGED TO PATIENTS	8,863,474	9,479,209	18,342,683	0.252176	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	0	0	0	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	81	324,005	324,086	2.781231	90.00
90.01	CLINIC - DIABETES	0	45,618	45,618	2.272173	90.01
91.00	EMERGENCY	403,476	8,606,656	9,010,132	0.290637	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	56,737	1,005,586	1,062,323	0.710768	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	856	2,418,581	2,419,437	0.752291	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
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
112.00	OTHER ORGAN ACQUISITION	0	0	0		112.00
113.00	INTEREST EXPENSE	0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0		115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151328

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

Worksheet C
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Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
116.00 HOSPICE	0	0	0		10.00	116.00
200.00 Subtotal (see instructions)	29,653,417	97,190,877	126,844,294			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	29,653,417	97,190,877	126,844,294			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/22/2012 1:57 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVIII	Hospital
				Cost
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
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
45.01	ICF/MR			45.01
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	0.000000		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	CLINIC - DIABETES	0.000000		90.01
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
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
112.00	OTHER ORGAN ACQUISITION			112.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/22/2012 1:57 pm
		Title XVIII	Hospital	Cost
Cost Center Description	PPS Inpatient Ratio			
	11.00			
201.00 Less Observation Beds				201.00
202.00 Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151328

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

Worksheet C
Part I
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6/22/2012 1:57 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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,744,520		5,744,520	0	0 30.00
31.00	INTENSIVE CARE UNIT	2,267,987		2,267,987	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
40.00	SUBPROVIDER - I PF	0		0	0	0 40.00
41.00	SUBPROVIDER - I RF	0		0	0	0 41.00
42.00	SUBPROVIDER	0		0	0	0 42.00
43.00	NURSERY	0		0	0	0 43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0 44.00
45.00	NURSING FACILITY	0		0	0	0 45.00
45.01	ICF/MR	0		0	0	0 45.01
46.00	OTHER LONG TERM CARE	0		0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,545,305		2,545,305	0	0 50.00
51.00	RECOVERY ROOM	336,606		336,606	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
54.00	RADIOLOGY-DIAGNOSTIC	5,353,535		5,353,535	0	0 54.00
55.00	RADIOLOGY-THERAPEUTIC	0		0	0	0 55.00
56.00	RADIOISOTOPE	257,603		257,603	0	0 56.00
57.00	CT SCAN	0		0	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0		0	0	0 59.00
60.00	LABORATORY	5,366,072		5,366,072	0	0 60.00
60.01	BLOOD LABORATORY	0		0	0	0 60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0 61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0 62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0 63.00
64.00	INTRAVENOUS THERAPY	0		0	0	0 64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	PHYSICAL THERAPY	1,493,941	0	1,493,941	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	2,684,787		2,684,787	0	0 69.00
70.00	ELECTROENCEPHALOGRAPHY	0		0	0	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,840,916		1,840,916	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	794,759		794,759	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	4,625,583		4,625,583	0	0 73.00
74.00	RENAL DIALYSIS	0		0	0	0 74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0 75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	0		0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0		0	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0 89.00
90.00	CLINIC	901,358		901,358	0	0 90.00
90.01	CLINIC - DIABETES	103,652		103,652	0	0 90.01
91.00	EMERGENCY	2,618,678		2,618,678	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	755,065		755,065	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0		0	0	0 94.00
95.00	AMBULANCE SERVICES	1,820,121		1,820,121	0	0 95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0 96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0 97.00
99.00	CMHC	0		0	0	0 99.00
99.10	CORF	0		0	0	0 99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0 100.00
101.00	HOME HEALTH AGENCY	0		0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0		0	0	0 105.00
106.00	HEART ACQUISITION	0		0	0	0 106.00
107.00	LIVER ACQUISITION	0		0	0	0 107.00
108.00	LUNG ACQUISITION	0		0	0	0 108.00
109.00	PANCREAS ACQUISITION	0		0	0	0 109.00
110.00	INTESTINAL ACQUISITION	0		0	0	0 110.00
111.00	ISLET ACQUISITION	0		0	0	0 111.00
112.00	OTHER ORGAN ACQUISITION	0		0	0	0 112.00
113.00	INTEREST EXPENSE	0		0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0		0	0	114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151328

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

Worksheet C
Part I
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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	5.00
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)	39,510,488	0	39,510,488	0			0	200.00
201.00 Less Observation Beds	755,065		755,065				0	201.00
202.00 Total (see instructions)	38,755,423	0	38,755,423	0			0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/22/2012 1:57 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	5,055,994		5,055,994		30.00
31.00	INTENSIVE CARE UNIT	2,041,091		2,041,091		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
40.00	SUBPROVIDER - I PF	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
45.01	ICF/MR	0		0		45.01
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,879,698	9,557,193	12,436,891	0.204658	50.00
51.00	RECOVERY ROOM	166,815	463,164	629,979	0.534313	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,107,691	25,680,217	27,787,908	0.192657	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	RADIOISOTOPE	107,399	1,415,718	1,523,117	0.169129	56.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	3,496,117	24,779,081	28,275,198	0.189780	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0.000000	65.00
66.00	PHYSICAL THERAPY	380,825	3,168,698	3,549,523	0.420885	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	1,542,765	6,366,975	7,909,740	0.339428	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,908,348	3,549,570	5,457,918	0.337293	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	642,050	330,606	972,656	0.817102	72.00
73.00	DRUGS CHARGED TO PATIENTS	8,863,474	9,479,209	18,342,683	0.252176	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	0	0	0	0.000000	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	81	324,005	324,086	2.781231	90.00
90.01	CLINIC - DIABETES	0	45,618	45,618	2.272173	90.01
91.00	EMERGENCY	403,476	8,606,656	9,010,132	0.290637	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	56,737	1,005,586	1,062,323	0.710768	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	856	2,418,581	2,419,437	0.752291	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
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
112.00	OTHER ORGAN ACQUISITION	0	0	0		112.00
113.00	INTEREST EXPENSE	0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0		115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151328

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

Worksheet C
Part I
Date/Time Prepared:
6/22/2012 1:57 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			
116.00 HOSPICE	0	0	0		10.00	116.00
200.00 Subtotal (see instructions)	29,653,417	97,190,877	126,844,294			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	29,653,417	97,190,877	126,844,294			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/22/2012 1:57 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		
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
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
45.01	ICF/MR			45.01
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	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	CLINIC - DIABETES	0.000000		90.01
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
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
112.00	OTHER ORGAN ACQUISITION			112.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/22/2012 1:57 pm
		Title XIX	Hospital	
Cost Center Description		PPS Inpatient Ratio		
		11.00		
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 151328

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

Worksheet D
Part II
Date/Time Prepared:
6/22/2012 1:57 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)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	182,263	12,436,891	0.014655	1,146,402	16,801	50.00
51.00	RECOVERY ROOM	64,900	629,979	0.103019	61,915	6,378	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	278,010	27,787,908	0.010005	1,461,386	14,621	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	2,406	1,523,117	0.001580	73,973	117	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	150,830	28,275,198	0.005334	2,079,711	11,093	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0.000000	0	0	65.00
66.00	PHYSICAL THERAPY	70,289	3,549,523	0.019802	245,722	4,866	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	135,030	7,909,740	0.017071	526,578	8,989	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,131	5,457,918	0.002223	39,842	89	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	4,771	972,656	0.004905	294,596	1,445	72.00
73.00	DRUGS CHARGED TO PATIENTS	64,604	18,342,683	0.003522	5,256,984	18,515	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	0	0	0.000000	0	0	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	50,081	324,086	0.154530	0	0	90.00
90.01	CLINIC - DIABETES	2,643	45,618	0.057938	0	0	90.01
91.00	EMERGENCY	90,435	9,010,132	0.010037	2,490	25	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,062,323	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	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
200.00	Total (lines 50-199)	1,108,393	117,327,772		11,189,599	82,939	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/22/2012 1:57 pm
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Cost Center Description	Title XVIII				Hospital		Total Cost (sum of col 1 through col 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0	0	0		56.00
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 LABORATORY	0	0	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	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
90.01 CLINIC - DIABETES	0	0	0	0	0		90.01
91.00 EMERGENCY	0	0	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0		94.00
95.00 AMBULANCE SERVICES							95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0		97.00
200.00 Total (lines 50-199)	0	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/22/2012 1:57 pm
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Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Cost		
				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	12,436,891	0.000000	0.000000	1,146,402	50.00
51.00 RECOVERY ROOM	0	629,979	0.000000	0.000000	61,915	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	27,787,908	0.000000	0.000000	1,461,386	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	1,523,117	0.000000	0.000000	73,973	56.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	28,275,198	0.000000	0.000000	2,079,711	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0.000000	0.000000	0	65.00
66.00 PHYSICAL THERAPY	0	3,549,523	0.000000	0.000000	245,722	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	7,909,740	0.000000	0.000000	526,578	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,457,918	0.000000	0.000000	39,842	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	972,656	0.000000	0.000000	294,596	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	18,342,683	0.000000	0.000000	5,256,984	73.00
74.00 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	0	0	0.000000	0.000000	0	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	324,086	0.000000	0.000000	0	90.00
90.01 CLINIC - DIABETES	0	45,618	0.000000	0.000000	0	90.01
91.00 EMERGENCY	0	9,010,132	0.000000	0.000000	2,490	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,062,323	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
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
200.00 Total (lines 50-199)	0	117,327,772			11,189,599	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151328

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

Worksheet D
Part IV
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description		Title XVIII			Hospital		Cost	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	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
57.00	CT SCAN	0	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	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
76.97	CARDIAC REHABILITATION/RESP THERAPY	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	CLINIC - DIABETES	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
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
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: 151328

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

Worksheet D
Part IV
Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	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	CLINIC - DIABETES	0	0		90.01
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 6/22/2012 1:57 pm
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		Title XVIII		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges				
			Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0.204658	0	2,869,441	0		50.00
51.00	RECOVERY ROOM	0.534313	0	159,797	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.192657	0	8,917,410	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0		55.00
56.00	RADIOISOTOPE	0.169129	0	689,382	0		56.00
57.00	CT SCAN	0.000000	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00	LABORATORY	0.189780	0	10,107,543	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	0		65.00
66.00	PHYSICAL THERAPY	0.420885	0	660,726	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	0.339428	0	2,655,321	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337293	0	1,161,208	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.817102	0	140,716	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.252176	0	3,824,473	23,192		73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	0.000000	0	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	2.781231	0	0	0		90.00
90.01	CLINIC - DIABETES	2.272173	0	0	0		90.01
91.00	EMERGENCY	0.290637	0	2,610,650	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.710768	0	510,564	0		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	AMBULANCE SERVICES	0.752291		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
200.00	Subtotal (see instructions)		0	34,307,231	23,192		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	34,307,231	23,192		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 6/22/2012 1:57 pm
	Title XVIII	Hospital	Cost

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	587,254	0	50.00
51.00 RECOVERY ROOM	0	85,382	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,718,001	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	116,594	0	56.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	1,918,210	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	278,090	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	901,290	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	391,667	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	114,979	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	964,440	5,848	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	0	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 CLINIC - DIABETES	0	0	0	90.01
91.00 EMERGENCY	0	758,751	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	362,893	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS		0	0	94.00
95.00 AMBULANCE SERVICES		0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00 Subtotal (see instructions)	0	8,197,551	5,848	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	8,197,551	5,848	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151328 Component CCN: 15Z328	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 6/22/2012 1:57 pm
Title XVIII		Swing Beds - SNF	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost
		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	0.204658	0	0	0	50.00
51.00 RECOVERY ROOM	0.534313	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.192657	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00 RADIOISOTOPE	0.169129	0	0	0	56.00
57.00 CT SCAN	0.000000	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00 LABORATORY	0.189780	0	0	0	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00 PHYSICAL THERAPY	0.420885	0	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	0.339428	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337293	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.817102	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.252176	0	0	0	73.00
74.00 RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	0.000000	0	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	2.781231	0	0	0	90.00
90.01 CLINIC - DIABETES	2.272173	0	0	0	90.01
91.00 EMERGENCY	0.290637	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.710768	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 AMBULANCE SERVICES	0.752291		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
200.00 Subtotal (see instructions)		0	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 6/22/2012 1:57 pm
		Component CCN: 15Z328	Title XVIII	
			Swing Beds - SNF	Cost

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	0	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 CLINIC - DIABETES	0	0	0	90.01
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS		0	0	94.00
95.00 AMBULANCE SERVICES		0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00 Subtotal (see instructions)	0	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 6/22/2012 1:57 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	0.204658	0	410,889	0		50.00
51.00 RECOVERY ROOM	0.534313	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00 ANESTHESIOLOGY	0.000000	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.192657	0	1,021,237	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0		55.00
56.00 RADIOISOTOPE	0.169129	0	45,619	0		56.00
57.00 CT SCAN	0.000000	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00 LABORATORY	0.189780	0	936,779	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0.000000	0	0	0		65.00
66.00 PHYSICAL THERAPY	0.420885	0	210,763	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	0.339428	0	241,184	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337293	0	180,412	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.817102	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.252176	0	795,871	0		73.00
74.00 RENAL DIALYSIS	0.000000	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	0.000000	0	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	2.781231	0	182	0		90.00
90.01 CLINIC - DIABETES	2.272173	0	0	0		90.01
91.00 EMERGENCY	0.290637	0	436,871	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.710768	0	61,702	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00 AMBULANCE SERVICES	0.752291	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
200.00 Subtotal (see instructions)		0	4,341,509	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	4,341,509	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 6/22/2012 1:57 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	84,092	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	196,748	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	7,715	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	177,782	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	88,707	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	81,865	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	60,852	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	200,700	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.97 CARDIAC REHABILITATION/RESP THERAPY	0	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	506	0		90.00
90.01 CLINIC - DIABETES	0	0	0		90.01
91.00 EMERGENCY	0	126,971	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	43,856	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00 Subtotal (see instructions)	0	1,069,794	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	1,069,794	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 6/22/2012 1:57 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,266	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,636	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,636	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		515	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		115	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,907	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)		501	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			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		154.15	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)		5,744,520	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)		17,727	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)		497,207	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,247,313	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		6,453,013	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		6,453,013	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.813157	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,144.96	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)		5,247,313	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)		931.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,706,504	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,706,504	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 6/22/2012 1:57 pm		
Cost Center Description			Title XVIII		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,267,987	383	5,921.64	253	1,498,175	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	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,819,165	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,023,844	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					466,446	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)					466,446	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)					811	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					931.03	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					755,065	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151328		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 6/22/2012 1:57 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 6/22/2012 1:57 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		3,196,488		30.00
31.00	INTENSIVE CARE UNIT		1,319,913		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
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	0.204658	1,146,402	234,620	50.00
51.00	RECOVERY ROOM	0.534313	61,915	33,082	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.192657	1,461,386	281,546	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.169129	73,973	12,511	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.189780	2,079,711	394,688	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	PHYSICAL THERAPY	0.420885	245,722	103,421	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	0.339428	526,578	178,735	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337293	39,842	13,438	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.817102	294,596	240,715	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.252176	5,256,984	1,325,685	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	0.000000	0	0	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	2.781231	0	0	90.00
90.01	CLINIC - DIABETES	2.272173	0	0	90.01
91.00	EMERGENCY	0.290637	2,490	724	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.710768	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		11,189,599	2,819,165	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)		11,189,599		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15Z328		Date/Time Prepared: 6/22/2012 1:57 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		97,671		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
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
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.204658	0	0	50.00
51.00	RECOVERY ROOM	0.534313	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.192657	80,396	15,489	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.169129	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.189780	68,334	12,968	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	PHYSICAL THERAPY	0.420885	96,802	40,743	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	0.339428	6,638	2,253	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337293	63,028	21,259	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.817102	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.252176	546,492	137,812	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	0.000000	0	0	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	2.781231	2	6	90.00
90.01	CLINIC - DIABETES	2.272173	0	0	90.01
91.00	EMERGENCY	0.290637	3,846	1,118	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.710768	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		865,538	231,648	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)		865,538		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 6/22/2012 1:57 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		320,593		30.00
31.00	INTENSIVE CARE UNIT		104,354		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
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
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000	186,387	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	189,419	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.000000	275,724	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	PHYSICAL THERAPY	0.000000	15,360	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	72,682	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	149,665	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	605,269	0	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.97	CARDIAC REHABILITATION/RESP THERAPY	0.000000	0	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	CLINIC - DIABETES	0.000000	0	0	90.01
91.00	EMERGENCY	0.000000	59,967	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	8,295	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		1,562,768	0	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)		1,562,768		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 6/22/2012 1:57 pm
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			8,203,399 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			8,203,399 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			8,285,433 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			46,593 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			4,853,038 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			3,385,802 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			3,385,802 30.00
31.00	Primary payer payments			2,367 31.00
32.00	Subtotal (line 30 minus line 31)			3,383,435 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)			1,211,232 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			1,211,232 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			890,604 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			4,594,667 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)			4,594,667 40.00
41.00	Interim payments			2,854,701 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)			1,739,966 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: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 6/22/2012 1:57 pm
	Title XVIII	Hospital	Cost
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)	0	112.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 151328

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

Worksheet E-1
Part I
Date/Time Prepared:
6/22/2012 1:57 pm

		Title XVIII		Hospital		Cost	
		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		6,171,594		3,349,775	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	10/05/2011	164,968	12/05/2011	63,244	3.01	
3.02		12/05/2011	32,288		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	10/05/2011	558,318	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		197,256		-495,074	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,368,850		2,854,701	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		239,337		1,739,966	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		6,608,187		4,594,667	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 151328

Period: From 01/01/2011

Worksheet E-1

Component CCN: 15Z328

To 12/31/2011

Part I
Date/Time Prepared:
6/22/2012 1:57 pm

Title XVIII

Swing Beds - SNF

Cost

		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		642,999		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	10/05/2011	19,589		0	3.50
3.51		12/05/2011	3,025		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)		-22,614		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)		620,385		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		77,331		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		697,716		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 151328

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

Worksheet E-1
Part II
Date/Time Prepared:
6/22/2012 1:57 pm

		Title XVIII	Hospital	Cost	
				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			1,385	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			3,160	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			260	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			5,208	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			126,844,294	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			25,673,016	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0	8.00
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)			0	32.00
				Overrides	
				1.00	
CONTRACTOR OVERRIDES					
108.00	Override of HIT payment				108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet E-2
		Component CCN: 15Z328		Date/Time Prepared: 6/22/2012 1:57 pm
		Title XVIII	Swing Beds - SNF	Cost
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	471,110	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)	233,964	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	501	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	705,074	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	705,074	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	705,074	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	7,358	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	697,716	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
17.00	Reimbursable bad debts (see instructions)	0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	697,716	0	19.00
20.00	Interim payments	620,385	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	77,331	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 151328	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part V Date/Time Prepared: 6/22/2012 1:57 pm
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)				
1.00	Inpatient services			7,023,844 1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			7,023,844 4.00
5.00	Primary payer payments			0 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			7,094,082 6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges			0 7.00
8.00	Ancillary service charges			0 8.00
9.00	Organ acquisition charges, net of revenue			0 9.00
10.00	Total reasonable charges			0 10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 11.00
12.00	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 12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000 13.00
14.00	Total customary charges (see instructions)			0 14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0 15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0 16.00
17.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			7,094,082 19.00
20.00	Deductibles (exclude professional component)			622,568 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20)			6,471,514 22.00
23.00	Coinsurance			11,603 23.00
24.00	Subtotal (line 22 minus line 23)			6,459,911 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			148,276 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			148,276 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			113,767 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			6,608,187 28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 29.00
29.99	Recovery of Accelerated Depreciation			0 29.99
30.00	Subtotal (line 28, plus or minus lines 29)			6,608,187 30.00
31.00	Interim payments			6,368,850 31.00
32.00	Tentative settlement (for contractor use only)			0 32.00
33.00	Balance due provider/program (line 30 minus the sum of lines 31, and 32)			239,337 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 34.00

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

Provider CCN: 151328

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

Worksheet G
Date/Time Prepared:
6/22/2012 1:57 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	11,004,508	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	9,818,600	0	0	0	4.00
5.00	Other receivable	384,764	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-2,533,301	0	0	0	6.00
7.00	Inventory	803,205	0	0	0	7.00
8.00	Prepaid expenses	662,792	0	0	0	8.00
9.00	Other current assets	20,000	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)	20,160,568	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	1,988,969	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	15,857,654	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	23,708,802	0	0	0	19.00
20.00	Accumulated depreciation	-27,386,378	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	14,169,047	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	34,329,615	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,183,154	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,655,768	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,434,889	0	0	0	40.00
41.00	Deferred income	105,185	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	1,981,559	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	7,360,555	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	5,646,971	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,646,971	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	13,007,526	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	21,322,089	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	21,322,089	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	34,329,615	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 151328

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

Worksheet G-1

Date/Time Prepared:
6/22/2012 1:57 pm

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
		1.00	Fund balances at beginning of period		19,244,510		
2.00	Net income (loss) (From Wkst. G-3, line 29)		2,057,677			2.00	
3.00	Total (sum of line 1 and line 2)		21,302,187		0	3.00	
4.00	NET INCREASE IN ASSETS	752,343			0	4.00	
5.00	INTERCOMPANY CONTRIBUTIONS	592,795			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)		1,345,138		0	10.00	
11.00	Subtotal (line 3 plus line 10)		22,647,325		0	11.00	
12.00	NET DECREASE IN LIABILITIES	1,325,236			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)		1,325,236		0	18.00	
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		21,322,089		0	19.00	

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 151328

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

Worksheet G-1

Date/Time Prepared:
6/22/2012 1:57 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 151328

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

Worksheet G-2 Parts

Date/Time Prepared:
6/22/2012 1:57 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	6,453,013		6,453,013	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
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	6,453,013		6,453,013	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,043,950		2,043,950	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	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,043,950		2,043,950	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	8,496,963		8,496,963	17.00
18.00	Ancillary services	22,110,116	91,019,286	113,129,402	18.00
19.00	Outpatient services	392,931	8,891,204	9,284,135	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	PHYSICIAN	0	13,141,111	13,141,111	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	31,000,010	113,051,601	144,051,611	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		50,330,726		29.00
30.00	PROVISIONS FOR BAD DEBTS	151,214			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)		151,214		36.00
37.00	UNRECONCILED VARIANCE IN TB OF EXP	708			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)		708		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		50,481,232		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 151328

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

Worksheet G-3

Date/Time Prepared:
6/22/2012 1:57 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	144,051,611	1.00
2.00	Less contractual allowances and discounts on patients' accounts	92,063,800	2.00
3.00	Net patient revenues (line 1 minus line 2)	51,987,811	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	50,481,232	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,506,579	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING & NON-OPERATING REV	551,098	24.00
25.00	Total other income (sum of lines 6-24)	551,098	25.00
26.00	Total (line 5 plus line 25)	2,057,677	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)	2,057,677	29.00